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Brittanie Tarczynski
MotherWoman, Inc., Hadley, MA
Perinatal Support Groups of
MotherWoman, Inc.: A Participants'
Profile and Program Evaluation

ABSTRACT

The research discussed in this paper was undertaken to determine what characteristics demographically and symptomatically make up the past and present participant base of a specific model of perinatal support groups created by MotherWoman, to evaluate the psychological and emotional experiences of participants while attending group, and to identify what potential improvements or changes could be made to the groups to better serve the participants.

MotherWoman groups are support groups that are structured and facilitated, focusing on self-care and the honest sharing of the experience of mothering in a an environment of mutual respect. These mother who participate in these groups are self-selected (n=60) who attended as many or as few sessions as necessary for up to a year (a maximum time limit with exceptions).

Research suggests that attendance of even one postpartum support group can be helpful to mothers experiencing postpartum depression. Getting an accurate description of the characteristics of women who attend these groups with regard to risk for or diagnosis of postpartum depression, social support, depressive symptoms, anxiety symptoms, mother to infant bonding, parental satisfaction, self-esteem, satisfaction with life, and self-efficacy.

Demographics information will be collected as well to elucidate what symtomatology and characteristics participants show and how that changes with participation in the group.

**PERINATAL SUPPORT GROUPS OF MOTHERWOMAN, INC.: A PARTICIPANTS'
PROFILE AND PROGRAM EVALUATION**

A project based upon an investigation at
MotherWoman, Inc., Hadley, Massachusetts,
submitted in partial fulfillment of the requirement
for the degree of Master of Social Work

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2013

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CHAPTER I

Introduction

Postpartum depression is a disorder that is commonly discussed in the media. Countless celebrities have publicly exposed their experiences with this mental health problem, perhaps most notably actress Brooke Shields (Shields, 2005a). Perhaps even more notable in public discourse is the derision she endured due to fellow actor Tom Cruise's denial of the disorder's severity and suggestion that vitamins and exercise alone would suffice (Shields, 2005b). My interest in this topic specifically and maternal mental health generally, led me to attend a training on "Perinatal Emotional Complications," taught by MotherWoman co-founders Annette Cycon and Liz Friedman during which I learned much about current research in the field. Ms. Cycon and Ms. Friedman confirmed what I suspected: that there were very few practitioners trained to deal with Postpartum Depression and the range of emotional complications new mothers could experience although eighteen percent of mothers experience clinical depression during pregnancy. My identity as a mother and my past participation in a MotherWoman support group also guided my interest.

Although there is much research about the negative effects of isolation on maternal mental health, there is a dearth in the research about whether support groups actually mitigate these feelings of isolation and improve mental health outcomes. Anecdotally, it is assumed that support groups do this, but the data are not there to support this claim. Paradigmatic empirical outcome data are needed to support what colloquially is already assumed: Postpartum support

groups improve or at least stabilize maternal mental health. These findings could give practitioners the data necessary to know where to refer women who are identified as at risk for postpartum emotional complications, add to the legitimacy or illegitimacy of the support group model, (which, in many circles, is viewed as secondary to individual therapy) and provide the effectiveness data necessary to secure government funding. According to the United States Census, fifty-three percent of women age fifteen to fifty were mothers in 2010 (United States Census Bureau, 2010). Mothers matter and a study like this one will be invaluable to the field of social work and the community at large.

CHAPTER II

LITERATURE REVIEW

Postpartum depression is a pervasive public health issue affecting approximately thirteen to fifty-two percent of new mothers nationwide in the United States (Clark, Sword, Tluczek, & Brown, 2008; Ugarriza, 2004). According to the American Psychological Association, Postpartum depression is not defined as a mental health disorder in its own right but rather is a manifestation of a major depressive episode(s) with a postpartum onset within four weeks of labor and delivery (Sword, Clark, Hegadoren, Brooks, & Kingston, D, 2012; American Psychiatric Association, 2000). This specifier “can be applied to the current or most recent Major Depressive, Manic, or Mixed Episode in Major Depressive Disorder, Bipolar I Disorder or Bipolar II Disorder; or the Brief Psychotic Disorder” (American Psychiatric Association, 2000, p. 423). Symptoms include tearfulness, mood swings, despondency, feelings of inadequacy, inability to cope with the care of the baby, and increasing guilt about the birth and one’s own performance as a mother (Ugarriza, 2004, p. 40). Some risk factors include a history of depression before pregnancy (which predicts Postpartum Depression in 50% of cases), a trauma history, stress, anxiety, isolation, and poverty (Sword et al., 2012; American Psychiatric Association, 2000). Of primary research interest to me is the risk factor of isolation.

Typical treatment of postpartum depression has traditionally included antidepressants and/or individual psychotherapy. These interventions, while helpful, fail to address the social isolation risk factor specifically. Additionally, antidepressants are often avoided due to concerns about infant exposure to these medications through breastfeeding (Clark et al., 2008; Ugarizza, 2004). Current research on the effectiveness of postpartum support groups in general is sparse. Two studies of postpartum support group effectiveness in decreasing or eliminating Postpartum depression were both highly structured and focused specifically on treating mothers who are actively experiencing postpartum depression as it relates to their abilities to mother (Clark et al., 2008; Ugarizza, 2004). Given the impact of postpartum depression on infant attachment, (ruptures in the mother-infant relationship, attachment difficulties, potential cognitive delays, behavioral problems, and emotional dysregulation, among other things) this approach is a necessary one (Clarke et al., 2008, p. 516).

Although the researchers conducting these studies did not focus on treatment of the mother *to the exclusion of her other roles*, they did focus more on the mother-infant dyad than the mother herself. Participants indicated that the social support aspect of the group was helpful and Postpartum depression symptoms improved accordingly. Ugarizza (2004) found that the number of sessions attended did not reduce the effectiveness of the group. Even participants who attended one or two sessions of the Gruen model of group therapy for Postpartum Depression (a model described more fully in this chapter below) experienced benefits (p. 45). This point is a notable one with regard to alternative group therapy models.

Some organizations, like MotherWoman based in Hadley, MA, have a different approach. They de-stigmatize the language used for Postpartum depression while shedding light on the range of symptoms a new mother could experience. They reframe the spectrum of

potential psychological complications from baby blues to postpartum depression to postpartum psychosis by renaming these disturbances, “postpartum emotional complications” (L. Friedman, personal communication, April 18, 2012). According to the description on the MotherWoman website (2012), “...led by trained facilitators, [their] groundbreaking support groups offer mothers a chance to talk openly about the challenges of parenting, to gain support and build community.” The primary difference between other support group models and the MotherWoman Postpartum support group model to which participants are self-referred rather than enrolled through screening are: how mothers are recruited; that there are no predetermined required numbers of sessions to attend; that they can bring the infant under one year of age into the sessions; and that they participate in a structured support group experience that includes psycho-education and is geared toward free and honest sharing about motherhood. In fact, advice-giving is not the main goal of MotherWoman support groups. “Our belief is that advice giving is counter to a therapeutic approach for caring for mothers with ppd which is different than not offering additional resources and perspectives to mothers after group or by facilitators in a more general psychosocial educational way” (L. Friedman, personal communication July 20, 2012). There is currently no empirical evidence to support the effectiveness of this treatment modality in reducing symptoms for women experiencing the range of postpartum emotional complications, especially postpartum depression. As with the Gruen model, research about the modality’s effectiveness is necessary to indicate whether or not it is effective; and, if so, in what ways this modality (which is markedly different than others), helps mothers experiencing postpartum emotional complications. If proven effective, this model has far reaching implications for improving maternal mental health nationwide.

Unfortunately, the characteristics that make MotherWoman support groups so unique are the same traits that make the model difficult to study. Without screening, there is no way to know if the women who choose to attend the support groups suffer from clinical levels of postpartum depression or other postpartum emotional complications. The mothers' subjective experience of motherhood is all that is necessary for admittance into the support group. The lack of screening allows for the MotherWoman support groups to be preventative for some group members, potentially preventing the development of, or changing the course of, a ppd diagnosis. "It is not part of our model to diagnose and our thesis is that with using a model in which we do not diagnose we are able to help more mothers who are experiencing risk factors and avert ppd/anxiety, etc." (L. Friedman, personal communication, July 20, 2012). Since the group does not follow the typical six to twelve week time frame and allows members to attend as many or as few sessions as is necessary, it would be difficult to track any one member's improvement or lack thereof or compare group members' progress. However, ultimately, the questions remains: Who exactly is attending the MotherWoman Postpartum Support Groups? Given the fact that some women show improvement with other models with even one session attended, will mothers attending these groups and experiencing or at risk for postpartum depression and postpartum emotional complications experience a change in social support, depressive symptoms, anxiety symptoms, mother to infant bonding, parental satisfaction, self esteem, satisfaction with life, and self-efficacy over the course of a month?

The research studies about group therapy for Postpartum Depression upon which this proposed study is based have a range of theoretical foundations. One is a study of risk and protective factors for developing Postpartum Depression "from a critical realist perspective" (Sword et al., 2012, p. 51). Another is an effectiveness study of a Mother-Infant-Therapy group,

or M-ITG, a model which “integrates multiple perspectives including psychodynamic, self-psychology, attachment and family systems theories as well as interpersonal, cognitive behavioral, and group therapeutic approaches” (Clark et al., 2008, p. 519). Many studies of particular models do not explicitly state their theoretical backgrounds. The Gruen Group Therapy Model which includes psycho-education, stress reduction, social support, cognitive restructuring, interpersonal/self-esteem work, grief work, and reconciliation is one such case. However, it does combine elements of many of the aforementioned theories, especially Cognitive Behavioral Theory” (Ugarizza, 2004, p. 42). Many studies report results that indicate the group therapy model is an appropriate and effective intervention for Postpartum Depression (Clark et al., 2008; Sword et al., 2012; Ugarizza, 2004). It is not clear what aspect of the group therapy modality specifically is helpful to women experiencing Postpartum Depression and it is notable that MotherWoman groups are therapeutic support groups but explicitly not group therapy.

MotherWoman Postpartum Support Groups differ from the groups in the aforementioned studies theoretically in that they are ingrained with a distinct Feminist and Relational-Cultural Theory underpinning in addition to a Cognitive Behavioral Theory foundation in support of the support group modality. Feminist theory is a heterogeneous category encompassing a varied and complex set of theories. In relation to mental health, a common thread is pathologizing phenomena that seem to occur more often among people of a certain gender, without examining the contexts that shape that pathologizing, i.e., political, historical, and cultural (Chrisler & Johnston-Robledo, 2002). Ignoring these contexts may result in perpetuating sexism via diagnosis, a practice antithetical to the National Association of Social Work Code of Ethics. MotherWoman Postpartum support groups seek to not only dismantle the cognitive distortions that result from within the individual but also from without as a result of internalized sexism and

other interlocking oppressions. For example, the societal myth of an unproblematic and happy motherhood experience is a burden to many mothers who believe that they must never experience anything other than happiness in motherhood. This unrealistic expectation can become internalized as dichotomous thinking for moms, leading them to believe that they are not good moms if they become angry or sad at times.

MotherWoman's focus is on the mother as a separate, autonomous person in and of herself. Rather than equal focus being placed on the mother and the baby, a trend that is likely present in all aspects of a new mother's life, this model centers on the mother herself. Although the effects of Postpartum Depression can be severe to the infant, what about the *woman* in MotherWoman? Hence the name: MotherWoman with a capital W. The focus is on the mother as a woman in her own right (but not to the exclusion of her identity as a mother) (MotherWoman, 2012).

'You can't give from an empty well.' And 'we must mother the mother.' Our foundational philosophy is that the mother needs a place to have her own therapeutic experience and receive perspective, support, emotional relief and strategies in order to thrive in the postpartum time. If she is not thriving then her baby is not thriving as well. There is not a heavy focus on baby – development, how to's, even mother-infant bonding -- although if mothers bring that up to discuss, it is of course supported as conversation. The trained facilitators support mother-infant bonding, note if it looks like there is a significant issue there and address it through psychosocial education (L. Friedman, personal communication, July 20, 2012).

The basic philosophy is if mothers are supported and able to develop greater resiliency in and of themselves, then they will know where they need help as mothers and with their infants

and will be able to pursue the support, advice and skills they need. Both the Gruen and the M-ITG Group models place equal or more emphasis on the baby or mother-infant relationship. It is important to make sense of this integral difference of empowerment as a key element of some Postpartum Classes as well (Aston, 2002). Aston reports that the two primary reasons women attended postpartum classes taught by public health nurses were that they needed support and wanted to gain knowledge on baby care (p. 284). If MotherWoman support groups are effective in improving maternal mental health, could it be because of this distinct ability to balance these two aims?

Some evidence suggests that, although some studies demonstrate the effectiveness of postpartum support groups on ppd, this does not mean that it should become a standard intervention. Shaw et al. (2006) note, “No randomized controlled trial evidence was found to endorse universal provision of postpartum support to improve parenting, maternal mental health, maternal quality of life, or maternal physical health. There is some evidence that high-risk populations may benefit from postpartum support” (p. 10). These findings imply that the MotherWoman model might only be effective for those at high-risk for or suffering from severe postpartum depression, which would then render the self-referral aspect of this group inappropriate. The potential policy implications of this study could be that these data are used to relegate groups known to have high rates of postpartum depression (like mothers with a low socio-economic status) to solely group-based interventions, excluding anti-depressants and individual therapy as possible treatment options. Lipman, Waymouth, Gammon, Carter, Secord, Leung, Mills, & Hicks (2007) found that among their participants who were single Canadian mothers with low socioeconomic status, the majority rated the group cohesion to be high in one particular postpartum class and the researchers attributed this in part to the positive mental health

outcomes (p. 547). Current research, therefore, points to the need for quantitative research regarding the effectiveness of this and other models of postpartum support groups, examining the demographics of participants and tracking the existence of and changes in symptomatology as well to identify whether this model is indeed more appropriate for high risk mothers. Improvement and replication of the MotherWoman PostPartum Support Group Model is impossible without these vital data.

CHAPTER III

METHODOLOGY

The purpose of this study is to clarify: first, what clinical and demographic characteristics describe the participant base of the women who attend a specific model of postpartum support groups created by MotherWoman. Second this study examined the psychological and emotional changes in participants while attending group. MotherWoman is a postpartum Support Group Model with no screening for a prior postpartum depression diagnosis, and rolling admissions, to which a new mother could come with her child for up to a year. Some of the groups focus on postpartum emotional complications explicitly, while others focus on community building or recovery from addiction. Members of all groups, regardless of focus, are self-referred. This model emphasizes the mother as a woman in her own right, a key difference between it and other models, namely Gruen and the M-ITG Group models.

The focus of MotherWoman groups on the woman herself is also different from local new moms support groups which are strictly psycho-educational and focused on the woman as a mother and how to best take care of her new baby. These groups are typically offered in a medical setting. Cooley Dickinson Hospital, located in Northampton, MA is the hospital that serves Hadley, MA where MotherWoman is located. The hospital's class offerings include a Beyond Birth class, which is a weekly meeting place for new parents and their babies up to four months of age and a Breastfeeding Basics Class which focuses on teaching new moms how to

nurse their babies (Cooley Dickinson Hospital, 2013). Another local resource offering support for new moms is Grow, a maternal and child wellness center located in Northampton, MA as well. The classes that Grow offers include the following areas: breastfeeding, childbirth education, comfort for pregnancy, labor & birth, emotional wellness, parenting groups, infant - toddler development, mom and baby groups, music and movement and newborn parenting (Grow, 2013). Both the classes at Cooley Dickinson and Grow are not free of charge and are mostly educational as opposed to being explicit support groups.

Therefore, in order to examine both the clinical and demographic characteristics of the mothers and their potential psychological and educational changes of the mothers participating in the study, a quantitative study with some open ended questions was the most appropriate research method to apply to this descriptive, evaluative study. I administered a demographic survey and multiple measures via Survey Monkey which included the following measures as well as a co-created demographic survey in collaboration with MotherWoman leadership including MotherWoman Executive Director MaryBeth Spong and Founders Annette Cycon and Liz Friedman as well as project advisor Dr. David Burton. Demographics included age, whether or not the mother still attended the group, referral source, how many sessions the mother attended, how many children she had or has, the ages of those children, her current mental health diagnosis of postpartum depression, or any other mental health diagnosis, the number of people in her household, her approximate household income, the number of hours she is or was employed, and other interventions she use or used to help with symptoms (See Appendix N). The measures examined several key areas. Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) (See Table 4 and Appendix A). Depressive

symptoms were measured using the Patient Health Questionnaire (PHQ-9) (See Table 5 and 6 and Appendix B). Symptoms of anxiety were measured using the Clinical Anxiety Scale (CAS) (See Figure 3 and Appendix C). Attachment was measured using the Mother to Infant Bonding Scale (See Figure 1 and Appendix D). Parenting satisfaction was measured using the Kansas Parental Satisfaction Scale (KPS) (See Figure 2 and Appendix E). Self esteem was measured using the Index of Self Esteem (ISE) (Table 7 and Appendix F). Life satisfaction was measured using the Satisfaction with Life Scale (SWLS) (Figure 4 and Appendix G). Self Efficacy was measured using the Self Efficacy Survey (SES) (Table 8 and Appendix H). Changes in scores on these measures may be related to attendance in MotherWoman perinatal support groups. MotherWoman leadership will use their email list to introduce the survey to potential participants. (See Appendix I, J and K).

SAMPLE

The sample of this study included all past and current participants whose contact information was in the MotherWoman database. Any past or current participants who were not yet entered into the MotherWoman database were not included in the sample. Of this subset of MotherWoman group members 210 were emailed the three pleas which were spaced seven to fourteen days apart (See Appendix I, J, & K). A total of 62 mothers opened the survey and 60 completed the survey.

ETHICS AND SAFEGUARDS

Of primary concern was maintaining the confidentiality of all group members since anonymity could not be guaranteed. With the stigma surrounding postpartum depression and perinatal emotional complications, it was likely that participants would be leery of participating

in a study. Special care was taken to ensure that confidentiality was maintained and that participants did not feel that refusing participation would result in negative repercussions with regard to group participation. These dilemmas informed my decision to administer the measures via internet survey rather than in person. Further, the nature of the group experience might be changed by the collection of data as well as possibly decreasing the new mother's ability to decline participation. Informed consent was received electronically at the beginning of the survey before any data collection began. (See Appendix L)

Additionally, some of the material in the survey had the potential of causing distress to participants. A list of resources and referrals was provided at the end of the survey as well. These resources and referrals included other support groups, online support, at home support, phone support, social opportunities, resources for young mothers, selected literature, counselors and therapists, medication prescribers, complimentary therapy, and selected literature for partners (See Appendix O).

After completion of the survey, multiple incentives were offered to each participant. In order to collect these incentives, the participants, after ending the survey had the option of clicking on a link to a secondary SurveyMonkey survey (See Appendix M). This choice was made to ensure that the responses in the first survey and the information in the second survey were not linked in any way . If the participant chose to receive a gift, the mother had the option of entering her name, mailing address and incentive choice in order to receive the gift. No other information was asked of the participants.

Multiple free gifts were used as incentives for participation including half hour massage certificates, "Moms are Worth a Million" t- shirts or onesies, a book about motherhood,

infertility, complications and post partum depression entitled “One Mom’s Journey To Motherhood” signed by the author Ivey Shih Leung or a book about overcoming behavior problems entitled “Keeping Your Child in Mind” signed by author Claudia Gold M.D., one \$25 gift certificate to Spoleto or lastly a certificate for one pound of Dean’s Beans cocoa, coffee, or chocolate covered espresso beans.

If the first four of the aforementioned gifts were chosen, they would be mailed by MotherWoman staff and if the final gift was chosen, it would be mailed by Dean’s Beans staff. A thank you card signed by the Executive Director of MotherWoman, Beth Spong was mailed with the incentive or certificate. No other pleas, ads or newsletters were included in these mailings.

As a tireless advocate for women’s health, a mother, a former MotherWoman perinatal support group attendee, and a researcher working collaboratively with the creators of the MotherWoman Support Group model, I recognize that I and they have a vested interest in particular outcomes of this study. Every effort was made to undertake the study as objectively as possible with this potential bias in mind.

DATA COLLECTION

A human subjects review application was submitted to the Smith College School for Social work with the primary investigator being Dr. David Burton (See Appendix P). The project was approved by MotherWoman (Appendix Q). I gathered demographic and quantitative data in the form of a co-created written survey and several well-known measures. Demographics included age, date the mother began group attendance, date when the mother ended group attendance, whether or not the mother still attended the group, referral source, how many children she had or has, the ages of those children, her current mental health diagnosis of

postpartum depression, or any other mental health diagnosis, her approximate household income, the number of hours she is or was employed, and other interventions she use or used to help with symptoms (See Tables 1-3 and Appendix N). The measures examined several key areas. Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) (See Table 4 and Appendix A). Depressive symptoms were measured using the Patient Health Questionnaire (PHQ-9) (See Table 5 and 6 and Appendix B). Symptoms of anxiety were measured using the Clinical Anxiety Scale (CAS) (See Figure 3 and Appendix C). Attachment was measured using the Mother to Infant Bonding Scale (See Figure 1 and Appendix D). Parenting satisfaction was measured using the Kansas Parental Satisfaction Scale (KPS) (See Figure 2 and Appendix E). Self esteem was measured using the Index of Self Esteem (ISE) (Table 7 and Appendix F). Life satisfaction was measured using the Satisfaction with Life Scale (SWLS) (Figure 4 and Appendix G). Socio-economic status was measured using the Self Efficacy Survey (SES) (Table 8 and Appendix H). The measures and demographic survey were combined into one continuous online Survey Monkey survey including informed consent, the link to incentives, and resources and referrals. A total of 218 emails were sent and 62 of them were opened, while 60 mothers actually completed the survey.

The online survey was available from March 21, 2013 until April 19, 2013 past and present MotherWoman group members were emailed. First an email plea was sent out reminding participants that the survey was coming. Next, a second email pleas reminder was sent out. Finally, a third email plea reminder was sent out. (Appendices I, J, & K). Each plea informed the participants of the legitimacy of the survey and its connection with the Smith College School for Social Work, expressed that the results would be used to better understand

and serve the participants, shared the length of the survey, requested their valuable feedback, and detailed the incentives. Each plea also listed the requirements for participation (having been on the MotherWoman email list of prior support group members, having participated in at least one MotherWoman support group, having access to a computer, being able to read English, and not being currently pregnant).

Survey Part I /Demographics included structured and unstructured questions about age, referral source, number of sessions attended, whether or not they continue to participate currently, number and ages of children, current mental health diagnosis of postpartum depression or other diagnosis if any, approximate household income, hours employed, other interventions used in tandem with MotherWoman Support Group participation (See Appendix N). These demographic questions were followed by the aforementioned measures. Resources and referrals were listed as well to provide further support for participants (See Appendix O).

DATA ANALYSIS

Quantitative data analysis of the survey was analyzed using frequencies, percentages and descriptive statistics. I examined mean age of mother when she began MotherWoman participation in MotherWoman Support Groups, the mean of the participants' current age, the percentage of women still attending the groups and the percentage of those no longer attending the groups. Additionally, I calculated the percentages and frequencies of participants in the following age brackets: 20 and under, 21-29, 30-39, 40-49, and over 49 to determine what age group of mothers attended MotherWoman groups the most often. For the mean of the participants' current age and when they started participation in MotherWoman Groups, 57 participants responded.

I calculated both the number and percentages of the referral sources of the participants. Those options included MotherWoman flyers, OB/GYN, physician, therapist, online, friend, or other. All 60 respondents completed this question as well. For the Multidimensional Scale of Perceived Social Support (MSPSS), I also calculated the number and percentage of the participants' responses at the attendance of their first group versus their responses currently.

For the Patient Health Questionnaire, on all questions, I calculated the number and percentage of respondents at their first attendance of a MotherWoman support group and over the past two weeks. Questions one through nine asked for information on the following combined categories: not at all/several days versus more than half the days/nearly every day. Question ten asked about the difficulty of the aforementioned questions during attendance at MotherWoman groups versus over the past two weeks.

For the Mother Infant Bonding Scale, I created a bar graph that showed the number of moms who agreed or disagreed to statements about their bonding with their baby or babies. I combined the not at all and slightly some of the time categories versus the very much so, some of the time and very much so, most of the time categories. Similarly, for the Kansas Parental Satisfaction Scale (KPSS), I created a bar graph to show the percentages of participants satisfied and dissatisfied with aspects of their parenting experience. For the Clinical Anxiety Scale (CAS), I created another bar graph documenting the number of participants and the amount of time they experienced statements indicative of anxiety.

For the Index of Self Esteem, I calculated the number and percentages of participants who responded about the amount of time they experienced statement indicative of their level of self-esteem. I included these data about what mothers thought about themselves when group

attendance began and what mothers thought about themselves currently. For the Self Efficacy Scale (SES), I also calculated the number and percentages of participants in agreement or disagreement with the statements indicative of self-efficacy. For the Satisfaction with Life Scale (SWLS), I examined the number percentages of participants who responded in agreement or disagreement with statements about their level of satisfaction with their lives.

CHAPTER IV

FINDINGS

DEMOGRAPHIC CHARACTERISTICS

For the scope and purpose of this study, the following variables were chosen for analysis: demographics, social support, depressive symptoms, attachment, parental satisfaction, and anxiety. Tables and figures summarizing the responses to the remaining questions about self-esteem, satisfaction with life and self-efficacy are presented in Appendices R, S and T.

AGE

Of the 60 respondents to the MotherWoman survey, three chose not to reveal their ages. The participants' ages during active participation in MotherWoman support groups ranged from 20 to 62, with a mean age of 34. The participants' current ages ranged from 20 to 63 with a mean age of 36 (See Table 1 & 2).

REFERRAL SOURCE

When asked about referral source (n=57), almost equal percentages of mothers were referred to MotherWoman support groups by MotherWoman flyers (30%), OBGYNs (25%), and online sources (25%). Similarly, nearly equal numbers of mothers were referred by friend (33%) or other sources (37%). The least likely referral sources were physicians (11%) and therapists (11%) (See Table 3).

ATTENDANCE/NUMBER OF CHILDREN/AGE RANGE OF CHILDREN

When asked about attendance at MotherWoman support groups (n=56), more mothers who were no longer attending MotherWoman support groups (66%) completed the survey than those who were currently attending (34%). Almost half of the participants (53%) who attend or attended the groups did so when their first child was between the ages of 0 and 3 months (n=55). When asked about number of children (n=55), all participants had three or fewer children (See Table 1).

HOUSEHOLD INCOME/HOURS EMPLOYED

Half of the mothers' approximate annual income (51%) was between \$50,000 and \$99,000 (n=57). Only 14% of participants had an approximate income of \$24,999 or less. Only 7% of participants had an approximate income of greater than \$150,000. Over half of the participants (53%) were employed between 9 and 40 hours per week (n=55). There were 36% of participants who were not employed for pay and 6% who worked over 40 hours per week.

OTHER SOURCES OF SUPPORT

When other sources of support were considered (n=55), 49% of the mothers who were attending or had attended MotherWoman support groups in the past were also concurrently utilizing individual therapy while 49% also reported not using any other supports. Medication was reported as another source of support by 29% of participants. Only 4% reported using a 12 step program for additional support.

PRIOR DIAGNOSIS

When mental health diagnosis was examined (n=57), more participants than not did or thought they did have a diagnosis of Depression or postpartum depression prior to or during their attendance at MotherWoman support groups. Prior to or during attendance at MotherWoman support groups, 30% of participants reported that they had a diagnosis of Depression or postpartum depression, 47% reported that they did not have that diagnosis, and 23% reported that they suspected they had a diagnosis of Depression. However, at the time of survey completion, more participants than not reported that they had not been diagnosed with Depression or postpartum depression by a physician, psychologist, or other mental health professional. When asked about an official diagnosis of Depression or postpartum depression, 25% reported that they had a diagnosis, 63% reported that they did not, and 12% reported that they did not but suspected that they had a diagnosis of Depression.

MEASURES

Multidimensional Scale of Perceived Social Support (MSPSS)

Participants were asked about social support using the Multidimensional Scale of Perceived Social Support (MSPSS). Most of the participants indicated agreement on all of the twelve items of the MSPSS indicating their level of social support both at first group attendance and currently. Most of the percentages of participants in agreement with the statements about social support increased from the time of first attendance at a MotherWoman group to the

present. Participants' percentages of disagreement with statements indicative of social support declined from first attendance at a MotherWoman group to the current time

The range of percentages in agreement with the statements on the MSPSS at first attendance of a MotherWoman Group was 49- 83%. The lowest percentage of participants (49%) agreed with statement eleven, "My family is willing to help me make decisions." The highest percentage of participants (89%) agreed with statement ten, "There is a special person in my life who cares about my feelings."

The range of percentages of participants in agreement with the statements of the MSPSS currently was 58-93%. The lowest percentage of participants (58%) agreed with statement four, "I get the emotional help and support I need from my family." The highest percentage of participants (93%) agreed with statement nine, "I have friends with whom I can share my joys and sorrows."

The range of percentages of participants in disagreement with the statements of the MSPSS at first attendance of a MotherWoman group was 11-35%. The lowest percentage of participants (11%) disagreed with statement ten, "There is a special person in my life who cares about my feelings." The highest percentage of participants (35%) disagreed with statement eleven "My family is willing to help me make decisions."

The range of percentages in disagreement currently with the statements of the MSPSS was 6-24%. The lowest percentages of participants (6%) disagreed with statements five, six, seven, and ten. Statement five was "I have a special person who is a real source of comfort to me." Statement six was "My friends really try to help me." Statement seven was "I can count on my friends when things go wrong." Statement ten was "There is a special person in my life who

cares about my feelings.” The highest percentage of participants (24%) disagreed with statement four, “I get the emotional help and support I need from my family” (See Table 4).

Patient Health Questionnaire (PHQ-9) (Questions 1-9)

Participants were asked about depressive symptoms using the ten item Patient Health Questionnaire (n=54). The number of participants responding “more than half the days/nearly every day” decreased for every participant. The number of participants responding “not at all/several days” increased for every participant.

At first attendance of MotherWoman support groups, the range of percentages of participants who responded “not at all/several days” to the questions on the Patient Health Questionnaire (PHQ-9) was 34-91%. The lowest percentage of participants (34%) responded “not at all/several days” to question four, “How often have you found yourself feeling tired or having no energy?” The highest percentage of participants (91%) responded “not at all/several days to question nine, “How often have you found yourself having thoughts that you would be better off dead or of hurting yourself?”

Over the past two weeks, the range of percentages of participants who responded “not at all/several days” to the questions on the PHQ-9 was 74-98%. The lowest percentage of participants (74%) responded “not at all/several days” to question four, “How often have you found yourself feeling tired or having no energy?” The highest percentage of participants responded “not at all/several days to question nine, “Have you ever found yourself having thoughts that you would be better off dead or of hurting yourself.”

At first attendance of MotherWoman support groups, the range of percentages of participants who responded “more than half the days/nearly every day” to the questions on the

PHQ-9 was 9-66%. The lowest percentage of participants (9%) responded “more than half the days/nearly every day” to question nine “How often have you found yourself having thoughts that you would be better off dead or of hurting yourself?” The highest percentage of participants (66%) responded “more than half the days/nearly every day to question number four, “Do you find yourself feeling tired or having little energy.”

Over the past two weeks, the range of percentages of participants who responded “more than half the days/nearly every day” to the questions on the PHQ-9 was 2-26%. The lowest percentage of participants (2%) responded “more than half the day/nearly every day” to question nine “How often have you found yourself having thoughts that you would be better off dead or of hurting yourself?” The highest percentage of participants responded “more than half the day/nearly every day to question four , “How often have you found yourself feeling tired or having no energy?” (See Table 5)

Patient Health Questionnaire (PHQ-9) (Question 10)

Participants were also asked about the level of difficulty of the problems that were addressed in the Patient Health PHQ-9 in the final question of the measure. The number of participants who responded “not difficult at all/somewhat difficult” increased from during attendance of MotherWoman groups to the past two weeks. The number of participants who responded “very difficult/extremely difficult” decreased from during attendance of MotherWoman groups to over the past two weeks.

During attendance at MotherWoman groups, 64% of participants responded, “not difficult at all/somewhat difficult.” Over the past two weeks, 88% of participants responded “not difficult/at all somewhat difficult.” During attendance at MotherWoman groups, 37% of

participants responded “very difficult/extremely difficult.” Over the past two weeks, 12% of participants responded “very difficult/extremely difficult” (See Table 6).

Mother to Infant Bonding Scale

Participants were asked about their attachment to their child or children (n=53) using the ten item Mother to Infant Bonding Scale to which the participants could respond “not at all/slightly some of the time” or “very much so, some of the time/very much so, most of the time.” All of the participants reported “very much so, some of the time/very much so, most of the time” to the first statement, “I feel loving toward my baby/child.” Fifty-two participants responded “not at all/slightly some of the time” to statement two, I feel scared or panicky when I have to do something for my baby/child. Fifty-one participants responded “not at all/slightly some of the time to statement three, “I feel resentful towards my baby/child.” All of the participants responded “not at all/slightly some of the time” to statement four, “I feel nothing for my baby/child.” Fifty-two participants responded “not at all/slightly some of the time” to statement five, “I feel angry with my baby/child.” Fifty-one participants responded “very much so, some of the time/very much so, most of the time” to statement six, “I enjoy doing things for my baby.” Fifty-two participants responded “not at all/slightly some of the time,” to statement seven “I wish my baby/child was different.” Fifty participants responded, “very much so, some of the time/very much so, most of the time” to statement eight, “I feel protective towards my baby/child.” All of the participants responded “not at all/slightly some of the time” to statement nine, “I wish I did not have my baby/child.” Fifty-two participants responded “very much so, some of the time/very much so most of the time” to statement ten, “I feel close to my baby/child” (See Figure 1).

Kansas Parental Satisfaction Scale (KPSS)

Participants were asked about their level of satisfaction with their parenting with the three question measure, the Kansas Parental Satisfaction Scale (KPSS). No participant expressed dissatisfaction in response to any of the questions. For the first question (n=53), “How satisfied are you with the behavior of your children,” 15% of the participants responded “mixed.” Of the remaining participants, 11% responded “somewhat satisfied,” 49% responded “very satisfied” and 25% responded “extremely satisfied.” For the second question (n=53), “How satisfied are you with yourself as a parent?” 21% responded “mixed.” Of the remaining participants, 42% responded “somewhat satisfied,” 28% responded “very satisfied,” and 9% responded “extremely satisfied.” For the third question (n=52), “How satisfied are you with your relationship with your children?,” 4% responded “mixed.” Of the remaining participants, 23% responded “somewhat satisfied,” 54% responded “very satisfied,” and 19% responded “extremely satisfied” (See Figure 2).

Clinical Anxiety Scale (CAS)

Participants were asked about symptoms of anxiety using the Clinical Anxiety Scale (CAS), a twenty-five item measure to which participants could respond “rarely or none of the time,” “a little of the time,” “some of the time,” “a good part of the time,” or “most or all of the time. Twenty five of the fifty respondents to statement six, “I feel confident about the future,” reported that they felt this way “a good part of the time” Over three fourths of the participants reported experiencing the following “rarely or none of the time:” “I feel afraid to go out of my

house alone,” “I feel afraid in open spaces or in the streets,” “I feel afraid I will faint in public,” “My hands, arms, or legs shake and tremble,” “Due to my fears, I avoid social situations whenever possible,” “I experience sudden attacks of panic that catch me by surprise,” “I am bothered by dizzy spells,” and “Due to my fears, I avoid being alone whenever possible. (See Figure 3).

Table 1: Attendance and Age

Characteristic

All respondents

Age when MotherWoman Group Participation Began	Mean Age=34
Current Age	Mean Age=36
Still Attending MotherWoman Groups	Percentage=34%
No longer attending MotherWoman Groups	Percentage=66%

Table 2: Age Range

Frequency of Age Range during MotherWoman Group Participation/Current Age

n (%)

Age Range

Frequency/Percentage

20 and below	1/1 (2)/(2)
21-29	11/7 (19)/(12)
30-39	37/33 (63)/(56)
40-49	6/15 (10)/(25)
Over 49	2/2 (3)/(3)

Table 3: Referral Source

n (%)

MotherWoman Flyer	17 (30)
OBGYN	14 (25)
Physician	6 (11)
Therapist	6 (11)
Online	14 (25)
Friend	19 (33)
Other	21 (37)

Table 4: Multidimensional Scale of Perceived Social Support (MSPSS)
n (%)

Question	Number/Percent in agreement		Number/Percent in disagreement	
	First Attendance of Group	Currently	First Attendance of Group	Currently
1. There is a special person who is around when I am in need.	38 (69)	47 (86)	12 (22)	6 (11)
2. There is special person with whom I can share joys and sorrows.	42 (76)	48 (87)	9 (16)	9 (16)
3. My family really tries to help me.	38 (69)	41 (75)	13 (24)	9 (16)
4. I get the emotional help and support I need from my family.	29 (53)	32 (58)	18 (33)	13 (24)
5. I have a special person who is a real source of comfort to me.	39 (71)	47 (86)	9 (16)	3 (6)
6. My friends really try to help me.	32 (58)	42 (78)	12 (22)	3 (6)
7. I can count on my friends when things go wrong.	31 (56)	47 (86)	17 (31)	3 (6)
8. I can talk about my problems with my family.	28 (51)	36 (66)	18 (33)	11 (20)
9. I have friends with whom I can share my joys and sorrows.	38 (62)	51 (93)	11 (20)	2 (4)
10. There is a special person in my life who cares about my feelings.	45 (83)	49 (91)	6 (11)	3 (6)
11. My family is willing to help me make decisions	27 (49)	33 (60)	19 (35)	11 (20)

12. I can talk about my problems with my friends.	34 (62)	49 (89)	12 (22)	3 (6)
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Table 5: Patient Health Questionnaire (PHQ-9) Questions 1-9
n(%)

	Not at All/ Several Days	Not At All/ Several Days	More than Half the Days/Nearly Everyday	More than Half the Days/Nearly Everyday
Question	First Attendance of Group	Over the Past 2 Weeks	First Attendance of Group	Over the Past 2 Weeks
1. Little interest or pleasure in doing things.	36 (68)	50 (93)	17 (32)	4 (7)
2. Feeling down, depressed, or hopeless.	32 (60)	50 (93)	22 (41)	4 (7)
3. Trouble falling or staying asleep, or sleeping too much	31 (57)	46 (85)	23 (43)	8 (15)
4. Feeling tired or having little energy.	18 (34)	40 (74)	35 (66)	14 (26)
5. Poor appetite or overeating.	36 (67)	47 (87)	18 (33)	7 (13)
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	27 (50)	51 (94)	27 (50)	3 (6)
7. Trouble concentrating on things, such as reading the newspaper or watching television.	33 (61)	45 (85)	21 (39)	8 (15)
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	45 (83)	52 (96)	9 (17)	2 (4)
9. Thoughts that you would be better off dead, or of hurting yourself	49 (91)	53 (98)	5 (9)	1 (2)

Table 6: Patient Health Questionnaire (PHQ-9) Question 10
n (%)

Question	During Attendance of MotherWoman Groups	Over the Past Two Weeks	During Attendance of MotherWoman Groups	Over the Past Two Weeks
	Not difficult at all/Somewhat Difficult	Not difficult at all/Somewhat Difficult	Very Difficult/Extremely Difficult	Very Difficult/Extremely Difficult
10. If you have checked off <i>any problems</i> , how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?	33 (64)	44 (88)	19 (37)	6 (12)

Figure 1: Mother to Infant Bonding Scale
n=53

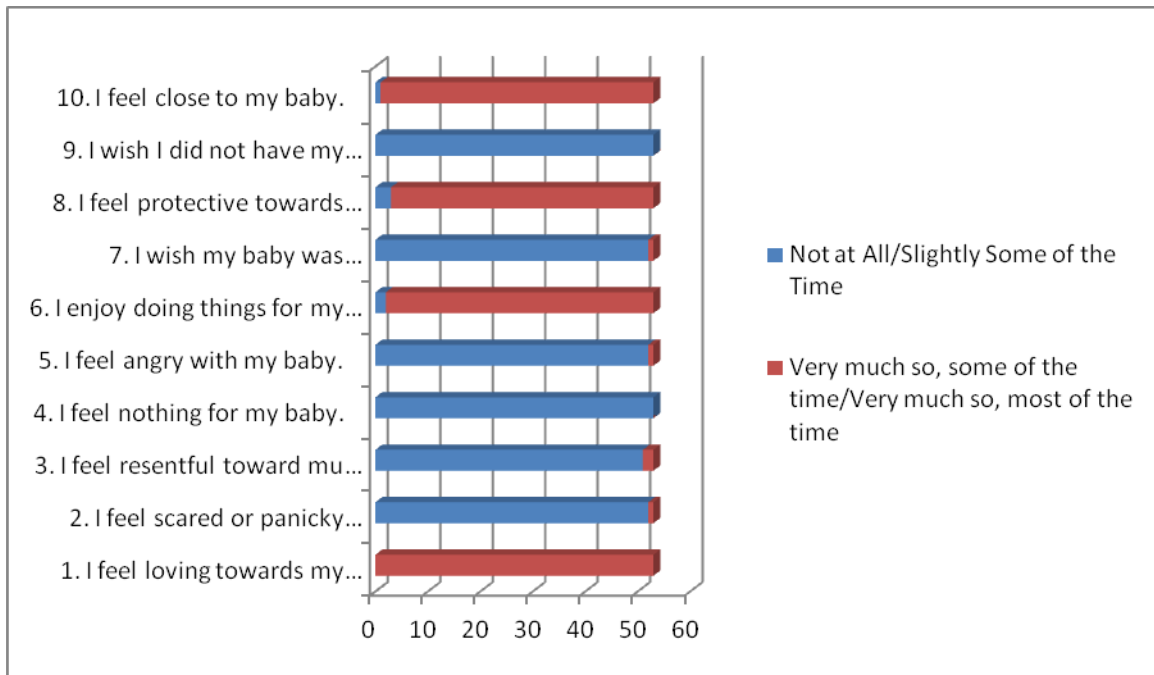


Figure 2: Kansas Parental Satisfaction Scale (KPSS)

n =53

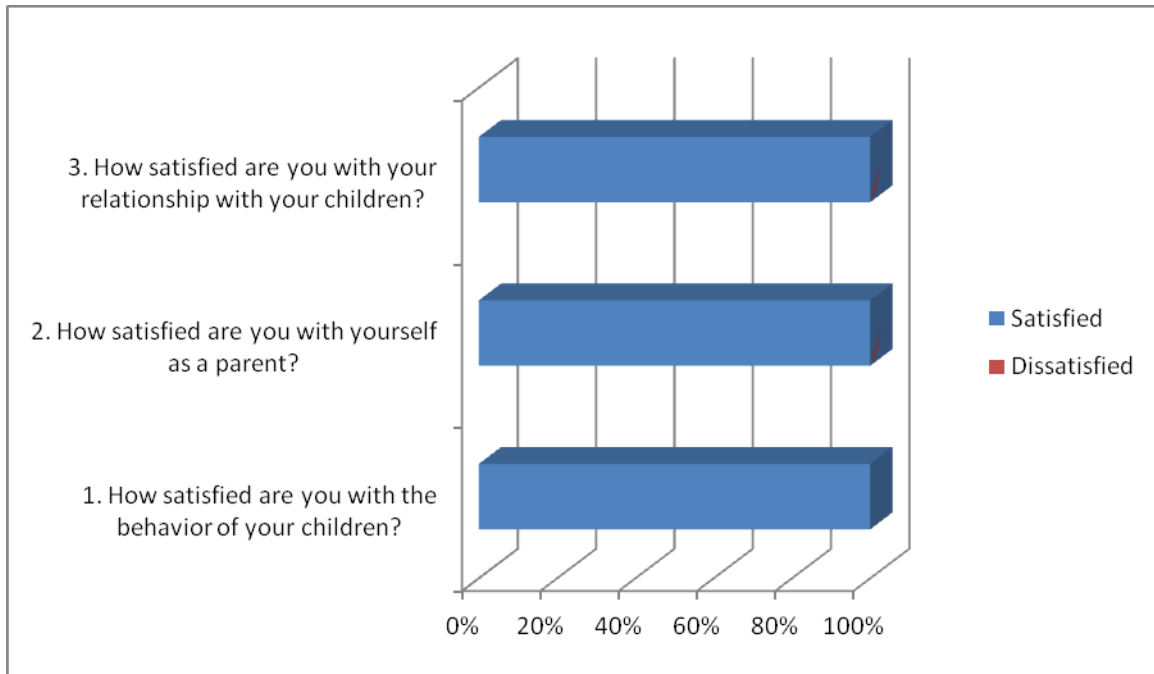
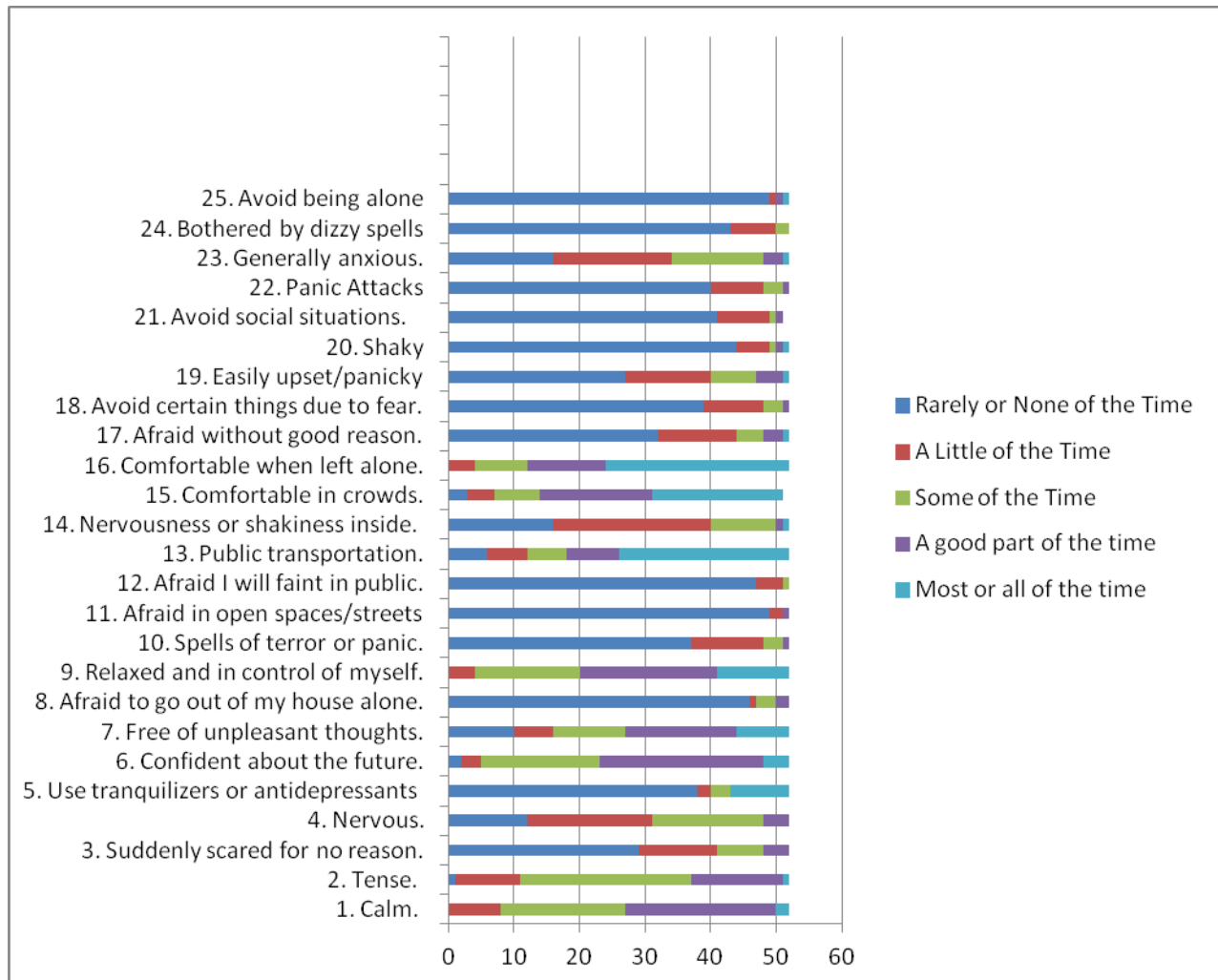


Figure 3: Clinical Anxiety Scale (CAS)
n=52



CHAPTER V

DISCUSSION

The research discussed in this paper was undertaken to determine what characteristics demographically and symptomatically make up the past and present participant base of a specific model of perinatal support groups created by MotherWoman, to evaluate the psychological and emotional experiences of participants while attending group, and to identify what potential improvements or changes could be made to the groups to better serve the participants. For the scope and purpose of this study, the following variables were chosen for discussion:

Brevity and clarity of questioning was imperative to this research. A few issues were attended to: clarity of the phrase mental health diagnosis and specifically postpartum emotional complications; the use of non-stigmatizing language at all times, the logistics of survey introduction and pleas being consistent, clarity about the researcher's intent and commitment to confidentiality, as well as the status of the mother as current or past group member for future research.

These data are indicative that teen mothers, who are at high risk for postpartum depression are not utilizing MotherWoman support groups. These data suggest that the most likely participant in a MotherWoman support group is a working, middle class mother in her thirties with a child between zero to three months. The staff at MotherWoman might want to consider ways to make their services more accessible to younger moms and mothers of various

socioeconomic statuses. Since most mothers are utilizing the support groups immediately after giving birth, the postpartum period within which a diagnosis of postpartum depression or postpartum emotional complications would most likely appear, MotherWoman support groups could be pivotal in the preventing the development of these diagnoses. Given the fact that MotherWoman support groups do not require a prior diagnosis or a referral from a professional, the data reflected that the groups were made up of women who did and did not have diagnoses of Depression or postpartum depression.

These data on referral source suggest that physicians and therapists need more training in screening for postpartum emotional complications, a point that the leadership at MotherWoman have taken into consideration in moving forward. More training with physicians has become a top priority for the organization. As expected, many of the participants concurrently used individual therapy and medication while they participated in MotherWoman support groups. These data might suggest that those mothers who reported no supports were at risk for postpartum emotional complications while those who were concurrently going to individual therapy may have already been diagnosed with postpartum emotional complications.

The Multidimensional Scale of Perceived Social Support (MSPSS) examined participants' social support system. The results indicate that over the course of participation in MotherWoman support groups, participants experienced an increase in their social support. It is possible that participation in MotherWoman support groups provided participants with that social support and/or the skills to seek out that support outside of the group. An important part of MotherWoman groups is that they are meant to connect mothers with each other and also empower them to ask for help and get support in their everyday lives. Lack of social support is a

major risk factor for the development of postpartum depression and perinatal emotional complications. The connectedness that the group provides is likely a preventative intervention in the development of these mental health diagnoses.

The Patient Health Questionnaire (PHQ-9) assesses the participants' experience of depressive symptoms. The results indicate that of this sample of MotherWoman group attendees most experienced some depressive symptoms which reflects the national statistics on prevalence rates of diagnoses of postpartum depression and emotional complications. These symptoms decreased over the course of group attendance to over the past few weeks. Particularly, both "feeling tired or having little energy" and having "thoughts that you would be better off dead or of hurting yourself" decreased from the time of group attendance to over the past two weeks. This change might be attributable to MotherWoman groups' normalization and validation of all mothers' feelings. It is probable also that in addition to this or alternatively, time has allowed for the needs of the participants' babies to lessen as they grow older. With time as well as MotherWoman participation, their mothers may have learned how to better manage the challenges of motherhood. Since MotherWoman groups are support groups, rather than group therapy, the organization should consider providing additional support to address the suicidality of its' client base. These data indicate that suicidality is an issue among new mothers who attend the groups even if the number of mothers disclosing suicidality is few. Given the stigma attached to suicide, it's highly likely that the participants in this study underreported their thoughts of suicide.

Attachment is not a focus of MotherWoman groups, with the focus being on the mother as a woman in her own right. However, MotherWoman's organizational leadership associate

helping the woman who is a mother with increasing her attachment to her child. The Mother Infant Bonding Scale was used to examine the participants attachment with their baby currently. While the results indicate a high level of attachment from the participants with their babies, the myth of idyllic motherhood to which MotherWoman literature and leadership often refer might be the reason that the responses of all participants indicated healthy attachment. Similarly to suicide, admitting negative feelings towards one's baby is not socially acceptable. While all the mothers might have had healthy attachments with their children, it is equally possible that these data were skewed by this societal norms and expectations of mothers. These same societal norms and expectations may be reflected in the data regarding parental satisfaction. No participants reported dissatisfaction with their relationship with their child, themselves as a parent, or the behavior with their child. The majority indicated some level of satisfaction and a few responded "mixed." Participation in MotherWoman groups might be indicative of some level of dissatisfaction with parenting or it could be a proactive attempt of new mothers to maintain the level of satisfaction they had initially or currently have.

Symptoms of anxiety were measured with the Clinical Anxiety Scale (CAS). There was much variability in the responses to the questions on this scale. However, these data indicate that the participants in this study rarely experience symptoms of anxiety. More participants experience symptoms of depression than anxiety which reflects national prevalence rates as well. These data could reflect the participants themselves and society at large often are aware of postpartum depression as a legitimate diagnosis, rather than the range of postpartum emotional complications, including anxiety disorders.

A major limitation of this research is that there were other demographic areas that the researcher did not include. For example, not including race/ethnicity, disability status, and sexual orientation allow for potential blind spots in the profile of MotherWoman attendees. It is also notable that the survey and measure were administered in English, potentially eliminating non-English speakers from participation in the study. Further, the study required access to a computer, which likely precluded women of lower socioeconomic status to be participants in the research. As mentioned earlier, other interventions were used by participants in MotherWoman support groups, i.e. medication and individual therapy, which make it difficult to examine whether any change in participants' responses to measures were solely related to participation in the groups. Additionally, social stigma may have skewed the results on many questions in the survey. Although the participants were assured that their responses would not be traceable to them individually, it is likely that the participants did not want to disclose socially stigmatized feelings or behaviors. These issues will be addressed in collaboration with MotherWoman leadership for future research.

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Appendix A

Multidimensional Scale of Perceived Social Support (MSPSS)

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement by circling the appropriate number.

	Very Strongly Disagree	Strongly Disagree	Mildly disagree	Neutral	Mildly agree	Strongly Agree	Very Strongly agree
1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7

9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

Appendix B

Patient Health Questionnaire (PHQ-9)

Over the last 2 *weeks*, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	1	2	3	4
2. Feeling down, depressed, or hopeless.	1	2	3	4
3. Trouble falling or staying asleep, or sleeping too much	1	2	3	4
4. Feeling tired or having little energy.	1	2	3	4
5. Poor appetite or overeating.	1	2	3	4
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	1	2	3	4
7. Trouble concentrating on things, such as reading the newspaper or watching television.	1	2	3	4
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	1	2	3	4
9. Thoughts that you would be better off dead, or of hurting yourself	1	2	3	4

	Not difficult at all	Somewhat difficult	Very Difficult	Extremely difficult
10. If you have checked off <i>any problems</i> , how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?	1	2	3	4

Appendix C

Clinical Anxiety Scale (CAS)

	Rarely or none of the time	A little of the time	Some of the time	A good part of the time	Most or all of the time
1. I feel calm.	1	2	3	4	5
2. I feel tense.	1	2	3	4	5
3. I feel suddenly scared for no reason.	1	2	3	4	5
4. I feel nervous.	1	2	3	4	5
5. I use tranquilizers or antidepressants to cope with my anxiety.	1	2	3	4	5
6. I feel confident about the future.	1	2	3	4	5
7. I am free from senseless or unpleasant thoughts.	1	2	3	4	5
8. I feel afraid to go out of my house alone.	1	2	3	4	5
9. I feel relaxed and in control of myself.	1	2	3	4	5
10. I have spells of terror or panic.	1	2	3	4	5
11. I feel afraid in open spaces or in the streets.	1	2	3	4	5

12. I feel afraid I will faint in public.	1	2	3	4	5
13. I am comfortable traveling on buses, subways, or trains.	1	2	3	4	5
14. I feel nervousness or shakiness inside.	1	2	3	4	5
15. I feel comfortable in crowds, such as shopping or at a movie.	1	2	3	4	5
16. I feel comfortable when I am left alone.	1	2	3	4	5
17. I feel afraid without good reason.	1	2	3	4	5
18. Due to my fears, I unreasonably avoid certain animals, objects, or situations.	1	2	3	4	5
19. I get upset easily or feel panicky unexpectedly.	1	2	3	4	5
20. My hands, arms, or legs shake or tremble.	1	2	3	4	5
21. Due to my fears, I avoid social situations whenever possible.	1	2	3	4	5
22. I experience sudden attacks of panic which catch me by surprise.	1	2	3	4	5
23. I feel generally anxious.	1	2	3	4	5
24. I am bothered by dizzy spells,	1	2	3	4	5
25. Due to my fears, I avoid being alone whenever possible.	1	2	3	4	5

Appendix D

Mother-to-Infant Bonding Scale

I would like to know how you have been feeling about your baby lately. Listed below are some of the feelings mothers have about their babies. Please select the answer which comes closest to how you usually feel about your baby, not just how you feel today. Please complete ALL items.

	Not at all	Slightly, some of the time	Very much so, some of the time	Very much so, most of the time
1. I feel loving towards my baby	1	2	3	4
2. I feel scared or panicky when I have to do something for my baby.	1	2	3	4
3. I feel resentful towards my baby.	1	2	3	4
4. I feel nothing for my baby.	1	2	3	4
5. I feel angry with my baby.	1	2	3	4
6. I enjoy doing things for my baby.	1	2	3	4
7. I wish my baby was different.	1	2	3	4
8. I feel protective towards my baby.	1	2	3	4
9. I wish I did not have my baby.	1	2	3	4
10. I feel close to my baby.	1	2	3	4

Appendix E

Kansas Parental Satisfaction Scale (KPSS)

For each of the following questions please indicate your satisfaction.

	Extremely Dissatisfied	Very Dissatisfied	Somewhat Dissatisfied	Mixed	Somewhat Satisfied	Very Satisfied	Extremely Satisfied
1. How satisfied are you with the behavior of your children ?	1	2	3	4	5	6	7
2. How satisfied are you with yourself as a parent?	1	2	3	4	5	6	7
3. How satisfied are you with your relationship with your children ?	1	2	3	4	5	6	7

Appendix F

Index of Self-Esteem (ISE)

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and as accurately as you can.

	None of the time	Very rarely	A little of the time	Some of the time	A good part of the time	Most of the time	All of the time
1. I feel that people would not like me if they really knew me well.	1	2	3	4	5	6	7
2. I feel that others get along much better than I do.	1	2	3	4	5	6	7
3. I feel that I am a beautiful person.	1	2	3	4	5	6	7
4. When I am with others I feel they are glad I am with them.	1	2	3	4	5	6	7
5. I feel that people really like to talk to me.	1	2	3	4	5	6	7
6. I feel that I am a very competent person.	1	2	3	4	5	6	7
7. I think I make a good impression on others.	1	2	3	4	5	6	7
8. I feel that I need more self-confidence.	1	2	3	4	5	6	7
9. When I am with strangers I am very nervous.	1	2	3	4	5	6	7
10. I think I am a dull person.	1	2	3	4	5	6	7
11. I feel ugly.	1	2	3	4	5	6	7

12. I feel that others have more fun than I do.	1	2	3	4	5	6	7
13. I feel that I bore people.	1	2	3	4	5	6	7
14. I think my friends find me interesting.	1	2	3	4	5	6	7
15. I think I have a good sense of humor.	1	2	3	4	5	6	7
16. I feel very self-conscious when I am with strangers.	1	2	3	4	5	6	7
17. I feel that if I could be more like other people I would have it made.	1	2	3	4	5	6	7
18. I feel that people have a good time when they are with me.	1	2	3	4	5	6	7
19. I feel like a wallflower when I go out.	1	2	3	4	5	6	7
20. I feel I get pushed around more than others.	1	2	3	4	5	6	7
21. I think I am a rather nice person.	1	2	3	4	5	6	7
22. I feel that people really like me very much.	1	2	3	4	5	6	7
23. I feel that I am a likeable person.	1	2	3	4	5	6	7
24. I am afraid I will appear foolish to others.	1	2	3	4	5	6	7
25. My friends think very highly of me.	1	2	3	4	5	6	7

Appendix G

Satisfaction With Life Scale (SWLS)

Below are five statements with which you may agree or disagree. Using the scale below, indicate your agreement with each item. Please be open and honest in your responding.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
1. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2. The conditions of my life are excellent.	1	2	3	4	5	6	7
3. I am satisfied with my life.	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

Appendix H

Self-Efficacy Survey (SES)

This questionnaire is a series of statements about your personal attitudes and traits. Each statement represents a commonly held belief. Read each statement and decide to what extent it describes you. There are no right or wrong answers. You will probably agree with some of the statements and disagree with others. Please indicate your own personal feelings about each statement below by marking the number that best describes your attitude or feeling. Please be very truthful and describe yourself as you really are, not as you would like to be.

	Disagree strongly	Disagree moderately	Neither agree nor disagree	Agree moderately	Agree strongly
1. I like to grow houseplants.	1	2	3	4	5
2. When I make plans, I am certain I can make them work.	1	2	3	4	5
3. One of my problems is that I cannot get down to work when I should.	1	2	3	4	5
4. If I can't do a job the first time, I keep trying until I can.	1	2	3	4	5
5. Heredity plays the major role in determining one's personality.	1	2	3	4	5
6. It is difficult for me to make new friends.	1	2	3	4	5
7. When I set important goals for myself, I rarely achieve them.	1	2	3	4	5

8. I give up on things before completing them.	1	2	3	4	5
9. I like to cook.	1	2	3	4	5
10. If I see someone I would like to meet, I go to that person instead of waiting for him or her to come to me.	1	2	3	4	5
11. I avoid facing difficulties.	1	2	3	4	5
12. If something looks too complicated, I will not even bother to try it.	1	2	3	4	5
13. There is some good in everybody.	1	2	3	4	5
14. If I meet someone interesting who is very hard to make friends with, I'll soon stop trying to make friends with that person.	1	2	3	4	5
15. When I have something unpleasant to do, I stick to it until I finish it.	1	2	3	4	5
16. When I decide to do something, I go right to work on it.	1	2	3	4	5
17. I like science.	1	2	3	4	5

18. When trying to learn something new, I soon give up if I am not initially successful.	1	2	3	4	5
19. When trying to become friends with someone who seems uninterested at first, I don't give up very easily.	1	2	3	4	5
20. When unexpected problems occur, I don't handle them well.	1	2	3	4	5
21. If I were an artist, I would like to draw children.	1	2	3	4	5
22. I avoid trying to learn new things when they look too difficult for me.	1	2	3	4	5
23. Failure just makes me try harder.	1	2	3	4	5
24. I do not handle myself well in social gatherings.	1	2	3	4	5
25. I very much like to ride horses.	1	2	3	4	5
26. I feel insecure about my ability to do things.	1	2	3	4	5
27. I am a self-reliant person.	1	2	3	4	5
28. I have acquired my friends through my personal abilities at making friends.	1	2	3	4	5

29. I give up easily.	1	2	3	4	5
30. I do not seem capable of dealing with most problems that come up in my life.	1	2	3	4	5

Appendix I

Plea 1



SUBJECT LINE: Get a small gift for helping the MotherWoman Research Project

Dear MotherWoman prior or current support group participant,

As you are already aware, we work tirelessly on policy, community change and helping mothers like you. Knowing more about postpartum experiences and about women who have had children is critical to our efforts. Dr. David Burton from Smith College is helping us understand women we have and are serving, in greater detail. With this information he will provide us with reports and analysis that can help us better understand you, if we have been helpful to you, and what we might do in the future to help women and their families.

This is a request for you to take a survey on your emotions and feelings about your baby and life and to give you a chance to give us feedback on the group (s) you have or are participating in. The survey takes about 20 minutes.

To participate in this study you must be on MotherWoman's email list of prior support group participants, you must have attended at least one MotherWomen support group, you must have access to a computer where they can answer the survey(s) in relative privacy and you must be able to read English. If you are currently pregnant you cannot participate.

We really appreciate your help with this project and are able to offer these small gifts (some are limited in number). All that you need to do is to click on the link at the end of the survey and tell us what you want sent to you.

- ½ hour massage certificates
- "Moms are Worth a Million" T- shirts OR onesies
- A book about motherhood entitled "One Mom's Journey To Motherhood" about infertility, complications and post partum depression signed by the author Ivey Shih Leung OR a book entitled "Keeping Your Child in Mind" about overcoming behavior problems signed by author Claudia Gold M.D.
- 1 \$25 gift certificate to Spoletto
- A certificate for 1 pound of Dean's Beans cocoa, coffee, or chocolate covered espresso beans

Thank you very much!!!! If you have any questions, please feel free to check with Dr Burton at dlburton@smith.edu/413.585.7985.

Appendix J

Plea 2



SUBJECT LINE: second reminder of the MotherWoman Research Project

Dear MotherWoman prior or current support group participant,

As you may remember we have sent you a notice about this project last week. As everyone is so busy we wanted to send you a reminder in case you missed our first request. As you are already aware, we work tirelessly on policy, community change and helping moms like you. Knowing more about postpartum experiences and about women who have had children is critical to our efforts. Dr. David Burton from Smith College is helping us understand women we have and are serving, in greater detail. With this information he will provide us with reports and analysis that can help us better understand you, if we have been helpful to you, and what we might do in the future to help women and their families.

This is a request for you to take a survey on your emotions and feelings about your baby and life and to give you a chance to give us feedback on the group (s) you have or are participating in. The survey takes about 20 minutes.

To participate in this study you must be on MotherWoman's email list of prior support group participants, you must have attended at least one MotherWomen support group, you must have access to a computer where they can answer the survey(s) in relative privacy and you must be able to read English. If you are currently pregnant you cannot participate.

We really appreciate your help with this project and are able to offer these small gifts (some are limited in number). All that you need to do is to click on the link at the end of the survey and tell us what you want sent to you.

- ½ hour massage certificates
- "Moms are Worth a Million" T- shirts OR onesies
- A book about motherhood entitled "One Mom's Journey To Motherhood" about infertility, complications and post partum depression signed by the author Ivey Shih Leung OR a book entitled "Keeping your child in Mind" about overcoming behavior problems signed by author Claudia Gold M.D.
- 1 \$25 gift certificate to Spoleto
- A certificate for 1 pound of Dean's Beans cocoa, coffee, or chocolate covered espresso

beans

Thank you very much!!!! If you have any questions, please feel free to check with Dr Burton at dlburton@smith.edu/413.585.7985.

Appendix K

Plea 3



SUBJECT LINE: Final reminder of the MotherWoman Research Project: Last Chance!!

Dear MotherWoman prior or current support group participant,

As you may recall we have sent a couple of notes and this is our last reminder as the deadline is coming up very quickly (April 30, 2012) and every person who helps us with this greatly helps our cause.

As everyone is so busy we wanted to send you a reminder in case you missed our first request. As you are already aware, we work tirelessly on policy, community change and helping moms like you. Knowing more about postpartum experiences and about women who have had children is critical to our efforts. Dr. David Burton from Smith College is helping us understand women we have and are serving, in greater detail. With this information he will provide us with reports and analysis that can help us better understand you, if we have been helpful to you, and what we might do in the future to help women and their families.

This is a request for you to take a survey on your emotions and feelings about your baby and life and to give you a chance to give us feedback on the group (s) you have or are participating in. The survey takes about 20minutes.

To participate in this study you must be on MotherWoman's email list of prior support group participants, you must have attended at least one MotherWomen support group, you must have access to a computer where they can answer the survey(s) in relative privacy and you must be able to read English. If you are currently pregnant you cannot participate.

We really appreciate your help with this project and are able to offer these small gifts (some are limited in number). All that you need to do is to click on the link at the end of the survey and tell us what you want sent to you.

- ½ hour massage certificates
- "Moms are Worth a Million" T- shirts OR onesies
- A book about motherhood entitled "One Mom's Journey To Motherhood" about infertility, complications and post partum depression signed by the author Ivey Shih Leung OR a book entitled "Keeping Your Child in Mind" about overcoming behavior

problems signed by author Claudia Gold M.D.

- 1 \$25 gift certificate to Spoleto
- A certificate for 1 pound of Dean's Beans cocoa, coffee, or chocolate covered espresso beans

Thank you very much!!!! If you have any questions, please feel free to check with Dr
Burton at dlburton@smith.edu/413.585.7985.

Appendix L

Informed Consent Form

Dear Participant,

I am Dr. David Burton from the Smith College School for Social Work in Northampton, MA. I am conducting a project in which my students and I will explore psychological issues among women who are currently involved, or have ever attended MotherWoman support groups including sadness, anxiety, social support, parenting satisfaction, self esteem, feelings of well being, executive functioning and attachment to children. This information will be used to write reports to help MotherWoman understand the women they serve and for theses, presentations and possible publication.

To participate in this study you must be on MotherWoman's email list of prior support group participants, you must have attended at least one MotherWomen support group, you must have access to a computer where you can answer the survey(s) in relative privacy, and you must be able to read English. If you are currently pregnant you cannot participate.

This study will be conducted using a secure encrypted internet survey. You will first be asked a few questions about who you and your family followed by a brief questionnaire about the issues listed above. The entire process should take 20 minutes.

Because the survey will include reflections on your own experiences as a mother and about your emotions there is a risk that negative emotions may arise. If they do, please seek support. I have provided a list of providers below. There is a slight risk that you or another person may put names down in the open ended questions. Please do not do so. If names are there I will delete them prior to analysis

Possible benefits from participating in the study include having an opportunity to reconnect with and assist MotherWoman and to offer them some feedback, reflect upon your own experiences in a manner in which you might not have not have previously, and knowing that your responses could be contributing to the development of knowledge about mother, In addition, you will be able to get a small gift (some of these are limited in number so you will be asked for your preference):

- ½ hour massage certificates
- "Moms are Worth a Million" T- shirts OR onesies
- A book about motherhood entitled "One Mom's Journey To Motherhood" about infertility, complications and post partum depression signed by the author Ivey Shih Leung OR a book entitled "Keeping Your Child in Mind" about overcoming behavior problems signed by author Claudia Gold M.D.
- 1 \$25 gift certificate to Spoleto

- A certificate for 1 pound of Dean's Beans cocoa, coffee, or chocolate covered espresso beans

This survey is anonymous. If you decide to ask for a gift, your survey data will not be able to be connected to your request in any way, but the gift information will reveal that you participated in the survey. Your gift request information will be destroyed at the end of this phase of the project on April 30, 2013. However we do ask for feedback on the groups, Please **DO NOT PUT YOUR NAME OR OTHER GROUP MEMBER'S NAMES** in your responses.

All data from the questionnaire will be kept in a secure location for a period of three years, as required by Federal guidelines, and data stored electronically will be fully protected. If the material is needed beyond a three year period, it will continue to be kept in a secure location and will be destroyed when it is no longer needed.

Your participation in this survey is totally voluntary. You have the right to refuse to answer any question on the survey. You may also withdraw from the study at any time by navigating away from the webpage on your browser. If you do this, answers you provided on previous questions will not be used in our research. However, once you complete and submit your answers to the full questionnaire, it will not be possible to withdraw, because you will not be able to be identified.

If you have any additional questions about the study, please feel free to contact me directly at dlburton@smith.edu. Should you have any concerns about your rights I encourage you to contact the Co-Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

BY CONTINUING TO THE NEXT PAGE AND STARTING THE SURVEY YOU ARE INDICATING THAT YOU HAVE READ THE INFORMATION ABOVE AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS; AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Please print a copy of this page for your records.

Appendix M

Gift Link

Thank you for your participation!! Remember if you feel upset or need support you can use the resources on the consent form or find them at the MotherWoman.Org (Live Link).

To receive your thank you gift, please click this link to go the Gift Survey!

LIVE LINK TO GIFT SURVEY

Appendix N

Survey Part 1/Demographics

Questions about you

1. Your Current Age _____
2. Your age when you started going to MotherWoman groups ____
3. Do you still attend MotherWoman group YES/ NO (if no- then the next question shows up, the next Q4 shows up)
 - a. Your age when you stopped attending groups_____
4. How you were initially referred to MotherWoman PostPartum Support Groups? *Please check all that apply*
 - ☐ Flyer
 - ☐ Friend
 - ☐ OB/GYN
 - ☐ Online
 - ☐ Our web page
 - ☐ Pediatrician
 - ☐ Primary Care Doctor
 - ☐ Therapist
 - ☐ Twitter feed or other social media _____
 - ☐ Web page that was not ours
 - ☐ OTHER: _____
5. Approximately how many MotherWoman PostPartum Support Group sessions have you attended? _____
6. *Do you still attend groups: YES/NO*
 - a. *If no: For approximately how many months did you attend groups*_____
7. How many children do you have? ____
8. What are the ages of your children? ____, ____, ____, ____, ____, ____, ____, ____ **(TO HSR reviewers, spacing increases risk)**
9. Do you have a current mental health diagnosis of PostPartum Depression? YES/NO
10. If you have another diagnosis, would you be willing to share it here? _____
11. Number of people in your household_____

12. Approximate household income _____

13. Are you employed (check the best option)

- ☐ Less than 8 hours per week
- ☐ Between 9 and 20 hours per week)
- ☐ Between 20 and 40 hours per week
- ☐ Over 40 hours per week

14. What, if any, other ways are you using to help with the symptoms you're experiencing (please indicate all that apply)?

- ☐ a 12 step program
- ☐ individual therapy
- ☐ medication
- ☐ not using any other ways
- ☐ other (Please specify)_____

15. What do you find helpful about MotherWoman PostPartum Support Groups? Please DO NOT PUT YOUR NAME OR OTHER GROUP MEMBER'S NAMES HERE!!!)_____

16. How would you improve MotherWoman PostPartum Support Groups? Please DO NOT PUT YOUR NAME OR OTHER GROUP MEMBER'S NAMES HERE!!!)_____

Appendix O

Resources and Referrals

RESOURCE & REFERRAL GUIDE

Help for the emotional experience of pregnancy and the postpartum period

Many women have lots of feelings during pregnancy and the year after a baby is born. Being a mother is a hard job. Having support and help can make things go better. All mothers and new families deserve lots of help. You do too! Call Crisis Services (see below) or visit the emergency room if you are in an urgent situation. It's a good time to call Crisis Services if you are afraid to be alone or are concerned about your safety or the safety of your child/ren.

SUPPORT GROUPS

Motherhood can be surprising in many ways. Come meet other mothers and talk about being a mom.

Beyond Birth

Thursdays from 1–3pm in the Childbirth Center, Cooley Dickinson Hospital, Northampton. A weekly gathering for new parents and their babies. Open to all. Contact at (888) 554-4234.

Circle of Moms: We Are All In This together

Fridays, 10am–12pm. Join mothers for a free, safe, confidential drop-in group for mothers of infants and babies who are experiencing a challenging postpartum time. Community Action Family Center, 90 Federal Street, Greenfield. Contact CSO at (413) 774-1000. *MotherWoman trained facilitator.*

Empty Arms Support Group

4th Wednesday of every month at 7pm, Conference Room D at Cooley Dickinson Hospital. For parents grieving infant and pregnancy loss. Contact Carol McMurrich and Greg Reynolds at (413) 529-1610 or carolmcmurrich@comcast.net.

MotherWoman Group: Getting Real About Motherhood

Wednesdays, 9:45–11:15am. Amherst Family Center. Free childcare. Community, diversity, self-discovery. Share laughter and tears. Be inspired. It's all here. Expectant mothers welcome. Contact Amherst Family Center at (413) 256-1145. *MotherWoman trained facilitator.*

MotherWoman Postpartum Support Group

Wednesday, 1–2:30pm at Midwifery Care of Holyoke, 230 Maple Street, Holyoke. Expectant mothers welcome. Contact (413) 536-7385. *MotherWoman trained facilitator.*

MotherWoman Postpartum Group: This Is Harder Than I Thought

Tuesdays, 10am–12pm. MotherWoman Office, 220 Russell St, Hadley. Free childcare. For women experiencing a challenging postpartum time. Expectant mothers welcome. Contact Annette Cycon at (413) 387-0703. *MotherWoman trained facilitator.*

Pregnancy and Postpartum Group for Partners: "The Other Parent"

4th Monday 7–9pm. Cooley Dickinson Center for Midwifery Care, Northampton. Workshop for non-birthing partner to explore issues related to pregnancy, birth, the postpartum period, and parenting. Group is free of charge, facilitated by experienced parents/partners. Contact Kate Bohne at: Katherine_Bohne@cooley-dickinson.org or (413) 687-5817

Parents Helping Parents Support Group

Wednesdays from 6:30–8:30pm. Amherst. A place to vent your parenting stress in a caring community support group co-led by parents and a volunteer facilitator. Contact Susan Barbaro (413) 256-6940 stbarbaro@aol.com.

Share Bereavement Group

For those who have had a miscarriage, stillbirth or baby loss. Held on the 2nd Wednesday of the month at 7:30pm, Baystate Medical Center Ambulatory Building. Contact Joanne at (413) 562-1731

ONLINE SUPPORT

There are many resources online for mothers. This is a wonderful way to get support when you can't leave the house, in the middle of the night, or for those of us who would rather have online contact.

Postpartum Support International

www.psi.org
Information for mothers, family and professionals. There is a PSI weekly Phone Chat with an expert.

Postpartum Progress postpartumprogress.typepad.com

The most widely-read blog in the United States on postpartum depression, postpartum OCD, antepartum depression, postpartum PTSD and postpartum psychosis.

The Online PPD Support Group

www.ppdsupportpage.com
PPD Support Group plus forums on different topics, information and resources.

AT HOME SUPPORT

In the days and months after a baby is born, all mothers need help and support. It's okay to ask for help from family, friends and your community. It's okay to ask for more help.

Green River Doula Network www.greenriverdoulas.org

A postpartum doula provides services and support in the home to help facilitate a warm and nurturing experience for the entire family.



PHONE SUPPORT

Call someone when you need support at home. The people at these numbers can listen to you on the phone, as well as refer you to other resources.

PPDMoms Hotline (800) PPDMOMS or (800) 773-6667

Available support 24 hours a day, 7 days a week. For moms and their loved ones. Support, information and referrals.

Parental Stress Line (800) 632-8188

A statewide warmline that is available 24 hours a day, 7 days a week; staffed by trained volunteer counselors who are sympathetic and non-judgmental.

Postpartum Support International of Massachusetts Warmline (866) 472-1897

Confidential information, support and listings of local resources. Leave a message and a volunteer will get back to you within 24 hours.

CRISIS SERVICES

Call if you are in crisis and need immediate support and assistance. It's a good time to call Crisis Services if you have not slept in over 48 hours, are afraid to be alone or are concerned about your safety or the safety of your child/ren.

All of the following Crisis Services offer 24 hour psychiatric assessment. They all accept Commonwealth Care, Mass Health and uninsured.

BHN Psychiatric Crisis Services

Home based visits available. Hamden County and surrounding communities: (413) 733-6661

Franklin County Crisis Services

Franklin County: (413) 774-5411, (800) 562-0112

Crisis Services of Hampshire County

Hampshire County: (413) 586-5555

Westfield Crisis

West Springfield, Agawam, Westfield, Hilltowns: (413) 568-6386

SOCIAL OPPORTUNITIES

Take care of yourself by connecting with other people. Get out of the house several times a week. Go to a group and meet new people.

Parenting Resource Directory www.parentingdirectory.org

An extensive community resource guide for families; online and at libraries and other locations. Information on Family Centers, Housing, Medical and Food assistance, and social activities.

RESOURCES FOR YOUNG MOTHERS

Being a young mother can be challenging and stressful. There are resources available for you.

Healthy Families

A home visiting program for first time parents under the age of 21.

- Holyoke Healthy Families contact Angie Morrell (413) 532-9446 at MSPCC
- Springfield Healthy Families contact Mary Benedetti, (413) 734-4978 at MSPCC
- Hampshire Healthy Families Berkshire Children and Families Healthy Families Program; contact Gail Fries, (413) 584-5690
- Franklin Healthy Families contact Sandy Clark at Community Action (413) 774-2318

SELECTED LITERATURE

For Mothers and others who care

**Down Came the Rain:
My Journey Through
Postpartum Depression**
by Brooke Shields

Pregnant on Prozac
by Shoshana Bennett, Ph.D

**The Mother-to-Mother
Postpartum Depression
Support Book**
by Sandra Poulin

**This Isn't What I Expected:
Overcoming Postpartum
Depression**
by Karen Kleiman & Valerie Raskin

COUNSELING AND THERAPY

*How do I know if I need therapy?
Being a mother is a tough job. It's OK
to ask for help. Ask questions and
share your concerns.*

*The following care providers
specialize in postpartum care. This is
not an exhaustive list of providers nor
an endorsement of any particular
provider. When seeking support we
recommend that you consult your
primary care physician, obstetrician/
midwife and/or pediatrician.*

Andrea Reber, LICSW
Northampton: (413) 584-3556

Counseling and Gynecology Group

East Longmeadow: (413) 567-9355
Jennifer Fleming, Tiana Marpa, Dr.
Max Chorowski;

Ellen Bollier, RN, CS, APRN
Northampton: (413) 584-8993

Kathleen O'Kane, LICSW
Hadley: (413) 584 3929

Mary Hunter Kratt, LMHC, NCC
Greenfield: (413) 774-7720

Michelle Kaskey, APRN, BC
Northampton: (413) 586-3319

Nicole Stevens, LICSW
Northampton: (413) 320-1108

Paula Shulman, LMFT, MS.Ed, MA
(413) 230-9642
West Springfield: (413) 737-4719,
ext. 117

Paul Shore-Suslowitz, EDD
Longmeadow: (413) 567-9993 ext.
12

Rachel Zamore, MA
Brattleboro, VT: (802) 258-7014
www.brattleborotherapy.com

**ServiceNet Outpatient
Mental Health Clinic**
Northampton: (413) 584-6855

Windhorse Associates
Northampton: (413) 586-0207

MEDICATION PRESCRIBERS

*How do I know if I need medication
or if it's the right thing for me? Talk
to your OB and/or primary care
provider. Share your experience and
history. Ask questions and share your
concerns.*

Caroline Broudy
Northampton: (413) 586-0411

Clinical and Support Options
Northampton: (413) 582-0471
Greenfield: (413) 774-1000
Hampden County: (413) 737 9544

**Counseling and Gynecology
Group**
Dr. Max Chorowski
East Longmeadow: (413) 567-9355

Behavioral Health Network
Springfield: (413) 732-7419

Brien Center
Pittsfield: (413) 499-0412

Michelle Kaskey, APRN, BC
Northampton: (413) 586-3319

Ellen Bollier, RN, CS, APRN
Northampton: (413) 584-8993

Elizabeth Bertuch, MS, APRN, BC, PC
Holyoke, Longmeadow:
(413) 532-6777

**ServiceNet Outpatient
Mental Health Clinic**
Northampton: (413) 584-6855

COMPLIMENTARY THERAPY

*There are many types of therapies
that can be supportive and helpful
during this period. The following
people specialize in women's care.*

**Free Weekly Auricular
Acupuncture Clinic**
Mondays 4:30 – 6pm; Quaker Space,
43 Center St., Northampton.
www.freedom-center.org

Mindi Palmer Fried,
Chiropractic care
Easthampton: (413) 527-0207

Amy Mager
Acupuncture
Florence, East Longmeadow:
(413) 222-8616
www.magerhealing.com

Sharon Weizenbaum
Acupuncture
Amherst: (413) 549-4021

Jennifer Tongren
Acupuncture
Amherst: (413) 230-4400

Sam's Gentle Hands
Perinatal Massage
Greenfield: (413) 774-7365

Kristin Bernard
Craniosacral therapist
(978) 544-5748

**Barbara Weinberg, Lic. Ac., ADS,
RN, BSN**
Northampton, Leverett:
(413) 549-6405

SELECTED LITERATURE FOR PARTNERS

*How do I help my loved one get
through this difficult time? How do
I get through it too? Learn more,
ask questions and contact any of
the resources above. While these
books are geared towards fathers,
they would be appropriate for all
parenting partners and family
members.*

**She's Had a Baby and Now
I'm Having a Meltdown:
What Every New Father Needs
to Know About Marriage, Sex &
Diapers**
by James Douglas Barron

**Postpartum Husband:
Practical Solutions for Living
with Postpartum Depression**
by Karen Kleinman, MSW

WHAT TO ASK WHEN YOU CALL:

- Do you accept my insurance? (private, MassHealth, Commonwealth Care)
- What special experience or training do you have in postpartum emotional issues?
- Do you speak my language? (e.g. Spanish)
- Are you available in emergencies?
- What are your hours? Your address? Parking? Bus stop?
- How soon can I get an appointment?
- Are you able to prescribe medication if needed?

Appendix P

Human Subjects Review Application

Investigator Name: David L. Burton
Project Title: Postpartum Correlates and MotherWoman Evaluation
Contact Address: 21 Henshaw Ave, Northampton, Ma
Contact Phone: 413-585-7985 E-mail Address: dlburton@smith.edu

Project Purpose and Design

MotherWomen

MotherWoman's mission is "to support and empower mothers to create positive personal and social change for ourselves, our families, our communities and the world." MotherWoman, is a nonprofit organization serving the needs of mothers and families in Western Massachusetts, and is more specifically aimed at improving quality of care for women who are struggling with perinatal emotional complications (eg: depression and anxiety) and addressing barriers to care at the individual, provider, system and policy levels. This organization has therefore been training professionals to recognize postpartum depression (PPD), developing coalitions to address these issues across diverse care providers in three counties, working on federal policy such as the paid leave act, and its longest standing effort has been to offer peer-led support groups for postpartum women in Western MA. The group members are self referred, have no requirement for entry, and the groups are held free of charge. There is also no assessment of any sort for the participants. These groups address current issues in the lives of the mothers. Two of the groups are focused on postpartum emotional complications and the rest offer social support for mothers across the lifespan although the vast majority of the women are moms who have children under the age of 2 years.

I propose two phases of the project below. The first is to assess the members past and present of the MotherWoman support groups and the second is to, using a time series design (both controlling for time involved in the program and measuring over time), evaluate changes that may be occurring in the participants. The support letter from MotherWoman is attached (see Appendix A).

Phase I

Literature on PPD and Correlates

Postpartum experiences of women vary greatly. One area of great concern is that of depression with 13% to 52% of women experiencing postpartum depression (PPD) (Clark, Sword, Tluczek & Brown, 2008; Ugarriza, 2004). This ranges varies substantially depending on the measurement used for depression (O'Hara & Swain, 1996) but in an older meta analysis (59 studies, 12,810 women) the average unweighted rate of 13% was reported with larger estimates in self report studies (accounting for 9% of the variance in rates) and higher rates when evaluation of depression occurred for longer periods (8 weeks versus 4 weeks accounting for 25% of the variance in rate) after birth (O'Hara & Swain, 1996).

A number of variables are predictors of PPD including prior depression or other psychological troubles (usually pre pregnancy depression has been assessed), poverty, recent and longer term life events, and stresses of many sorts such as anxiety and a lack of social support - as reported in an older meta analysis (O'Hara & Swain, 1996).

While a more recent meta-analysis could not be located other co-occurring variables have entered the conversation including:

- anxiety, with co-occurrence rates of PPD and anxiety of up to 45% (Aktan, 2012; Misri, Albert, Abizadeh, Kendrick, Carter, Ryan and Oberlander, 2012; Maia, Pereira, Marques, Bos, Soares, Vealenta, Goems, Azevedo & Mecedo, 2012; Martini, Knappe, Beesdo-Baum, Lieb & Wittchen, 2010),
- an inverse relationship ($r = -.32$) between anxiety and social support (Aktan, 2012);
- lowered self esteem co-occurring with PPD ($r = .27$) (Denis, & Callahan, 2012);
- lower perception of mothering skills (Denis, & Callahan, 2012);
- lower parental confidence and satisfaction (Kingston, Tough & Whitfield, 2012; Uriko, 2012)
- a worse sense of well being (Haga, Lynne, Slinning & Kraft, 2012; Montgomery, Mossey, Adams & Bailey, 2012);
- complications of diverse sorts of executive functioning (de Almeida, Jansen, Köhler, Pinheiro, da Silva, & Bonini, 2012, Haga, Uleberg, Slinning, Kraft, Steen & Staff, 2012; Kienhuis, Rogers, Giallo, Mathews & Treyvaud, 2010) and
- lower attachment to the infant (Evans, Whittingham & Boyd, 2011; Kingston, Tough & Whitfield, 2012; Moss, Briggs & Silver, 2011; Zauderer, 2008) postpartum.

Problematically, the authors of several of these studies used qualitative methods (Haga, Lynne, Slinning & Kraft, 2012; Montgomery, Mossey, Adams & Bailey, 2012) with appropriate yet very small sample sizes; looked at only two to three of these seemingly related variables (de Almeida, Jansen, Köhler, Pinheiro, da Silva, & Bonini, 2012; Evans, Whittingham & Boyd, 2011; Mason, Briggs & Silver, 2011), or raised issues based on literature reviews but did not offer findings (Kienhuis, Rogers, Giallo, Mathews & Treyvaud, 2010). An inclusion criterion for most of these studies was extant and already diagnosed PPD.

Questions & Methods

In the first phase of this study, I therefore propose to collect crosssectional internet survey data on these literature based variables in one sample of the women who have recently or are currently involved in the peer led support group in order to both a.) evaluate the relationships between the variables (see Table 1) and b.) to assist in the development of the MotherWoman program via a needs assessment of recent and current participants. These data will be used for theses, possible dissertation and articles as well as a report for the organization. This model addresses several issues raised in critique of the literature above. In addition participants will be asked a few satisfaction and feedback questions regarding MotherWoman's groups.

Table 1: Variable summary

<i>Variables to be assessed (alphabetized)</i>	
Attachment to child	
Current Anxiety Symptoms	
Depressive Symptoms	
Executive Functioning	Phase I only
Feedback on the support groups	
Parenting satisfaction	
Self esteem	
Social support	
Well being	

Phase II

Literature on Treatment for PPD

Very few women receive treatment for postpartum depression perhaps due to stigma, time, or simply the effects of depression (Goodman & Tyer-Viola, 2010; Horowitz & Cousins, 2006). Of the treatments available such as medications (Yonkers, et al, 2008), many women are reluctant to undergo treatment that may affect breast milk or their relationship to their child (Goodman, 2009).

Support groups for postpartum women have barely been researched to date. In 1980 Cronenwett described the elements of a lay postpartum support program and found some positive but retrospectively reported changes in feeling of support and essentially, satisfaction with the group. Elliot, Leverton, Sanjack, Turner, Cowmeadow, Hopkins and Bushnell (2000) reported the effectiveness of a postpartum support group for women with known risk factors for PPD and also reported no changes in measures for second time mothers. These groups were professionally led and often psychoeducational, and occurred monthly.

Goodman (2011) reported a meta analysis of therapy support groups for postpartum depression using relatively standard quality guidelines for inclusion resulting in 11 studies. Six were randomized and five quasi experimental pre post designs with only three in the United States. In all cases the women were identified as having PPD using standardized measures and/or clinical diagnoses. Two of the studies used unstructured group support and the others used manualized or model specific treatment such as Cognitive Behavioral Treatment. Most of the results included a lowering of depression scores or diagnoses. At the end of 6 months individual and group treatment was equal in the one study that compared the two modalities. The problem of non significant results publication challenges were not address in this study (no file drawer studies were used). Salient to the current study is the authors recommendation that “Future research should specifically look at the efficacy of peer support groups for women with PPD” (p. 290)

Phase II

In this phase I propose to collect internet survey data from women involved in the groups on a monthly basis for the length of their participation in the groups, in order to assess change over time using the same variables as in Table 1 and as described above. This allows assessment of change. Women come to the groups meeting as they wish, sometimes once per month, sometimes every week for a year or so. The organization wants to include time (dosage) in their analysis but does not want to change their model of delivery. Research that is real life community based needs to occur in such settings while recognizing the weakness of the delivery and dealing with dosage and attrition statistically.

As stated fro Phase I, these data will be used for theses, possible dissertation and articles as well as a report for the organization. In addition participants will be asked a few satisfaction and feedback questions regarding MotherWoman's groups.

The Characteristics of the Participants

Using group leader data, most, but not all of the participants, are reported to be Caucasian – seemingly matching regional racial demographics. There are also some Latina, African American, Asian and Bi Racial women as well.

Inclusion

- All participants will be women who have been involved with MotherWomen groups at some point in the past 13 years (Phase 1) or who have recently had a child (Phase II) and attend groups over the next 3 years.
- They must be on MotherWoman's extant email list of prior and current participants
- They must have access to computers where they can answer the survey(s) in relative privacy
- They must be able to read English

Exclusion

- Anyone currently pregnant or who does not fit the above criteria.

The Recruitment Process

Phase I

The staff of MotherWomen have an email list of previously attended and currently attending women. The staff will send out an email asking for participation in Phase I (see Appendix B of the project. Then a second and third plea will be sent as well. As the surveys will be anonymous, all potential participants will receive all three pleas. No one will ever be forced to participate nor will there will there be any consequences if they do not participate.

Incentives will be offered one of for the following as available (some are limited in number):

- ½ hour massage certificates
- "Moms are Worth a Million" T- shirts OR onesies

- A book about motherhood entitled “One Mom’s Journey To Motherhood” about infertility, complications and post partum depression signed by the author Ivey Shih Leung OR a book entitled “Keeping Your Child in Mind” about overcoming behavior problems signed by author Claudia Gold M.D.
- 1 \$25 gift certificate to Spoletto
- A certificate for 1 pound of Dean’s Beans cocoa, coffee, or chocolate covered espresso beans

In order to collect these incentives, the participants, after ending the survey click a link to a secondary SurveyMonkey survey (so that the responses and the information in the second survey are not linked in anyway) (see Appendix C) in which they will enter their name, mailing address and incentive choice in order to receive a gift (no other information will be asked). The first four items in the list above will be mailed out by MotherWoman staff and the last one by Dean’s Beans staff. Every week during data collection a list of names and incentive choices will be sent by the investigators to Dean’s Beans and MotherWoman for mailing. Only a simple Thank you Card signed by the Executive Director of MotherWoman will be mailed with the incentive or certificate, no other pleas or ads or newsletters, etc.

I am assessing an organization service population and will not be seeking diversity beyond those it already serves.

Phase II

As some of these women will also be in Phase one, this phase will begin one month after the first Phase (they will not be asked if they participated in the first Phase so as to protect anonymity – the databases will be separate until a new woman joins the group whose data may then be used both for Phase 1 and Phase 2.

In this phase women will receive both a monthly email and a physical monthly notices on colored slips of paper during the fourth week of each month (see Appendix D) reminding them of the data collection every fourth week of each month at the groups. Women who are new to the group will be asked if they want to participant when they first begin using the same slip of paper and email (see Appendix D). No one will ever be forced to participate nor will there be any consequences if they do not participate.

Incentives will be offered one of the following as available (some are limited in number):

- ½ hour massage certificates
- “Moms are Worth a Million” T- shirts OR onesies
- A book about motherhood entitled “One Mom’s Journey To Motherhood” about infertility, complications and post partum depression signed by the author Ivey Shih Leung OR a book entitled “Keeping Your Child in Mind” about overcoming behavior problems signed by author Claudia Gold M.D.
- 1 \$25 gift certificate to Spoletto

- A certificate for 1 pound of Dean's Beans cocoa, coffee, or chocolate covered espresso beans

In order to collect these incentives, the participants, after ending the survey click a link to a secondary SurveyMonkey survey (so that the responses and the information in the second survey are not linked in anyway) in which they will enter their name, mailing address and incentive choice in order to receive a gift (no other information will be asked). The first four items in the list above will be mailed out by MotherWoman staff and the last one by Dean's Beans staff. Every week during data collection a list of names and incentive choices will be sent by the investigators to Dean's Beans and MotherWoman for mailing. Only a simple Thank you Card signed by the Executive Director of MotherWoman will be mailed with the incentive or certificate, no other pleas or ads or newsletters, etc.

The Nature of Participation

Phase I

Participants will, In this order:

- Receive 1, 2 or 3 pleas to respond
- Enter the survey pages and again read the inclusion and exclusion criteria (If they self assess they that do not fit they will be sent to the THANK YOU BUT YOU DO NOT QUALIFY OR ARE NOT INTERESTED PAGE- Appendix E)
- They then read and click agree on the consent form (If they are not interested they will be sent to the THANK YOU BUT YOU DO NOT QUALIFY OR ARE NOT INTERESTED PAGE- Appendix E)
- They **anonymously** respond to the survey on SurveyMonkey on which there are brief salient demographics and questions regarding the areas above (see Appendix F). This takes about 20 minutes (piloted at between 14-18).
- If they desire to get an incentive, they then exit the first survey and enter another survey (see Appendix C) so that their data are not connected to their identifying data which they will need to enter to be awarded a gift.

Phase II

Participants will, In this order:

- Receive an initial request to be involved upon first entering the group
- Enter the survey and again read the inclusion and exclusion criteria (If they self assess they that do not fit they will be sent to the THANK YOU BUT YOU DO NOT QUALIFY OR ARE NOT INTERESTED PAGE- Appendix E)
- They then read and click agree on the consent form (If they self assess they that do not fit they will be sent to the THANK YOU BUT YOU DO NOT QUALIFY OR ARE NOT INTERESTED PAGE- Appendix E)
- They **anonymously** respond to the survey on SurveyMonkey on which there are brief salient demographics and questions regarding the areas above (see Appendix F). This takes about 20 minutes (piloted at between 14-18 minutes). The surveys are either created for the project (prematter) or standardized in English with norms and public domain).

- If they desire to get an incentive, they then exit the first survey and enter another survey (See Appendix C) so that their data are not connected to their identifying data which they will need to enter to be awarded a gift.

Risks of Participation

Participants may experience some feelings of sadness and depression when answering questions about their feelings and functioning. A list of local providers will be provided on the consent page of the online forms for both phases and is attached (Appendix G)

Benefits of Participation

In Phase 1 the participants feel a reconnection to MotherWoman and may self assess a desire to get support or help if needed. In both phases they can choose to receive incentives as discussed above. Even if participants do not completely fill out surveys the link to the incentives is still available.

Informed Consent Procedures

Due to the web-based nature of the study, informed consent will be obtained online through the website SurveyMonkey.com. Participants will be asked to read through the text explaining the consent process (See Appendix H), and accept all terms of participation by checking a box that says, "I agree." They will also be given the choice to exit the survey at this time by checking a box that says "I disagree."

Participants will be unable to move on to the survey unless this consent procedure is completed. Participants who indicate disagreement with the terms of consent will be automatically directed to a THANK YOU BUT YOU DO NOT QUALIFY OR ARE NOT INTERESTED PAGE- Appendix E). Those who check "I agree" will be directed to the beginning of the survey. Participants will be asked to print a copy of the Informed Consent form for their records.

Precautions Taken to Safeguard Confidentiality and Identifiable Information

Phase I

Participation in the study will be anonymous. It will only be accessed by the investigators (students, future colleagues, and me) and reported ONLY in aggregate form to the staff at MotherWomen or when used in reports of any sort. When participants access the questionnaire's website, no information, such as their e-mail address, will be collected or stored that would allow their identity to be traced. All data will be collected on SurveyMonkey.com, which is a website that is firewalled, password-protected, and encrypted. All data will be downloaded and stored for three years as required by Federal regulations, after which it will be destroyed or kept secure as long as it is needed.

Participants will not be asked to identify themselves or other group members. This can only occur in the feedback questions. If anyone is identified the names will be deleted prior to analysis and only the investigator will see the names

If participants enter data for a gift we will not be able to link their survey responses data to their gift data as the databases will be separated. This data will be kept confidential and after awarding of the gifts, at the end of the data collection, April 30, 2013, will be destroyed.

Phase 2

Participation in the study will be anonymous yet will need to be linked over each time a person enters data. Therefore, each time the respondent will be asked a set of unique questions that do not identify the person to the researchers but that allows enough difference to allow linkage of their data on their responses. The questions are similar to replacement password questions on many secure websites and will be asked each time with the explanation of the need for them.

- Last five digits of your social security number?
- In what state was your first job?
- Year of your oldest child's birth?
- Day of the month of your Birth?

Participants will be clearly asked to not identify themselves or other group members. This can only occur in the feedback questions. If anyone is identified the names will be deleted prior to analysis and only the investigator will see the names

The data will only be seen by the investigators (student, future colleagues, and me) and reported ONLY in aggregate form to the staff at MotherWomen or when used in reports of any sort. The demographic questions are general and will not lead to any identifying information.

All data from the questionnaire will be kept in a secure location for a period of three years, as required by Federal guidelines, and data stored electronically will be fully protected. If the material is needed beyond a three year period, it will continue to be kept in a secure location and will be destroyed when it is no longer needed.

If participants enter data for a gift we will not be able to link their survey responses data to their gift data as the databases will be separated. This data will be kept confidential and after awarding of the gifts, at the end of the data collection approximately April, 2016, will be destroyed.

The Voluntary Nature of Participation

Participation in this study is voluntary, and participants have the right to refuse any question on the survey. Participants may choose to withdraw from the study at any point before electronically submitting the survey. If participants choose to withdraw, none of the answers to the questions completed prior to withdrawal will be saved. However, after submission, participants will be unable to withdraw because, due to the anonymous nature of participation, it would be impossible to identify them.

Investigator's Signature: Samuel S. Benton Date: February 5, 2012

Appendix A
Agency Support
Letter



January 31, 2013

Smith College
School for Social Work
Lilly Hall
Northampton, MA 01063

To Whom It May Concern:

MotherWoman gives permission for Dr. Burton to locate his/her research in this agency (institution). We do not have a Human Subjects Review Board and, therefore, request that Smith College School for Social Work's (SSW) Human Subject Review Committee (HSR) perform a review of the research proposed by a Dr. Burton. MotherWoman will abide by the standards related to the protection of all participants in the research approved by SSW HSR Committee.

Sincerely,

A handwritten signature in black ink, reading "Beth Spong", is centered below the "Sincerely," text.

Beth Spong
Executive Director

Appendix B
Phase I: Email Plea 1, 2 & 3



Plea 1

SUBJECT LINE: Get a small gift for helping the MotherWoman Research Project

Dear MotherWoman prior or current support group participant,

As you are already aware, we work tirelessly on policy, community change and helping mothers like you. Knowing more about postpartum experiences and about women who have had children is critical to our efforts. Dr. David Burton from Smith College is helping us understand women we have and are serving, in greater detail. With this information he will provide us with reports and analysis that can help us better understand you, if we have been helpful to you, and what we might do in the future to help women and their families.

This is a request for you to take a survey on your emotions and feelings about your baby and life and to give you a chance to give us feedback on the group (s) you have or are participating in. The survey takes about 20 minutes.

To participate in this study you must be on MotherWoman's email list of prior support group participants, you must have attended at least one MotherWomen support group, you must have access to a computer where they can answer the survey(s) in relative privacy and you must be able to read English. If you are currently pregnant you cannot participate.

We really appreciate your help with this project and are able to offer these small gifts (some are limited in number). All that you need to do is to click on the link at the end of the survey and tell us what you want sent to you.

- ½ hour massage certificates
- "Moms are Worth a Million" T- shirts OR onesies
- A book about motherhood entitled "One Mom's Journey To Motherhood" about infertility, complications and post partum depression signed by the author Ivey Shih Leung OR a book entitled "Keeping Your Child in Mind" about overcoming behavior problems signed by author Claudia Gold M.D.
- 1 \$25 gift certificate to Spoletto
- A certificate for 1 pound of Dean's Beans cocoa, coffee, or chocolate covered espresso beans

Thank you very much!!!! If you have any questions, please feel free to check with Dr Burton at dlburton@smith.edu/413.585.7985.

Plea 2



SUBJECT LINE: second reminder of the MotherWoman Research Project

Dear MotherWoman prior or current support group participant,

As you may remember we have sent you a notice about this project last week. As everyone is so busy we wanted to send you a reminder in case you missed our first request. As you are already aware, we work tirelessly on policy, community change and helping moms like you. Knowing more about postpartum experiences and about women who have had children is critical to our efforts. Dr. David Burton from Smith College is helping us understand women we have and are serving, in greater detail. With this information he will provide us with reports and analysis that can help us better understand you, if we have been helpful to you, and what we might do in the future to help women and their families.

This is a request for you to take a survey on your emotions and feelings about your baby and life and to give you a chance to give us feedback on the group (s) you have or are participating in. The survey takes about 20 minutes.

To participate in this study you must be on MotherWoman's email list of prior support group participants, you must have attended at least one MotherWomen support group, you must have access to a computer where they can answer the survey(s) in relative privacy and you must be able to read English. If you are currently pregnant you cannot participate.

We really appreciate your help with this project and are able to offer these small gifts (some are limited in number). All that you need to do is to click on the link at the end of the survey and tell us what you want sent to you.

- ½ hour massage certificates
- "Moms are Worth a Million" T- shirts OR onesies
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- 1 \$25 gift certificate to Spoletto
- A certificate for 1 pound of Dean's Beans cocoa, coffee, or chocolate covered espresso beans

Thank you very much!!!! If you have any questions, please feel free to check with Dr Burton at dlburton@smith.edu/413.585.7985.

Plea 3



SUBJECT LINE: Final reminder of the MotherWoman Research Project: Last Chance!!

Dear MotherWoman prior or current support group participant,

As you may recall we have sent a couple of notes and this is our last reminder as the deadline is coming up very quickly (April 30, 2012) and every person who helps us with this greatly helps our cause.

As everyone is so busy we wanted to send you a reminder in case you missed our first request. As you are already aware, we work tirelessly on policy, community change and helping moms like you. Knowing more about postpartum experiences and about women who have had children is critical to our efforts. Dr. David Burton from Smith College is helping us understand women we have and are serving, in greater detail. With this information he will provide us with reports and analysis that can help us better understand you, if we have been helpful to you, and what we might do in the future to help women and their families.

This is a request for you to take a survey on your emotions and feelings about your baby and life and to give you a chance to give us feedback on the group (s) you have or are participating in. The survey takes about 20minutes.

To participate in this study you must be on MotherWoman's email list of prior support group participants, you must have attended at least one MotherWomen support group, you must have access to a computer where they can answer the survey(s) in relative privacy and you must be able to read English. If you are currently pregnant you cannot participate.

We really appreciate your help with this project and are able to offer these small gifts (some are limited in number). All that you need to do is to click on the link at the end of the survey and tell us what you want sent to you.

- ½ hour massage certificates
- "Moms are Worth a Million" T- shirts OR onesies
- A book about motherhood entitled "One Mom's Journey To Motherhood" about infertility, complications and post partum depression signed by the author Ivey Shih Leung OR a book entitled "Keeping Your Child in Mind" about overcoming behavior problems signed by author Claudia Gold M.D.
- 1 \$25 gift certificate to Spoleto

- A certificate for 1 pound of Dean's Beans cocoa, coffee, or chocolate covered espresso beans

Thank you very much!!!! If you have any questions, please feel free to check with Dr Burton at dlburton@smith.edu/413.585.7985.

Appendix C Gift Survey

Please enter the following information so we that can send you a Thank You gift for your participation in the MotherWoman research Project. The gift may take 3 weeks to reach you. In no way can we link your survey responses to this information.

Gift preference:

	As we cannot promise the exact gift you requested (some are limited in number), please offer a number using 1 for your first choice (the gift you would most like to receive) and 5 for you last choice.
½ hour massage certificates	
“Moms are Worth a Million” T- shirts OR onesies	
A book about motherhood entitled “One Mom’s Journey To Motherhood” about infertility, complications and post partum depression signed by the author Ivey Shih Leung OR a book entitled “Keeping Your Child in Mind” about overcoming behavior problems signed by author Claudia Gold M.D.	
1 \$25 gift certificate to Spoleto	
A certificate for 1 pound of Dean’s Beans cocoa, coffee, or chocolate covered espresso beans	

Please enter your personal information so we can send you the gift you requested

First Name:

Last Name:

Street Address 1:

Street Address 2:

Street Address 3 (if needed):

Town:

State:

Zipcode:

Appendix D – Phase II email and in person reminder slip for data collection week



This is Data Collection Week!

Every fourth week of the month Dr. Burton from Smith College will be collecting information about you to assess changes in our group members over time about your emotions and feelings about your baby and life, and to give you a chance to give us feedback. The link to the survey is below.

LIVE (in the email) LINK TO THE SURVEY

To participate in this study you must be on MotherWoman's email list of prior support group participants, you must have attended at least one MotherWomen support group, you must have access to a computer where they can answer the survey(s) in relative privacy and you must be able to read English. If you are currently pregnant you cannot participate.

Knowing more about you and how we are doing in our groups is critical to our work. We really appreciate your help with this project and are able to offer these small gifts (some are limited in number). All that you need to do is to click on the link at the end of the survey and tell us what you want sent to you.

- ½ hour massage certificates
- "Moms are Worth a Million" T- shirts OR onesies
- A book about motherhood entitled "One Mom's Journey To Motherhood" about infertility, complications and post partum depression signed by the author Ivey Shih Leung OR a book entitled "Keeping Your Child in Mind" about overcoming behavior problems signed by author Claudia Gold M.D.
- 1 \$25 gift certificate to Spoleto
- A certificate for 1 pound of Dean's Beans cocoa, coffee, or chocolate covered espresso beans

Thank you very much!!!! If you have any questions, please feel free to ask your group leader or check with Dr Burton at dlburton@smith.edu 413.585.7985.

Appendix E: THANK YOU BUT YOU DO NOT QUALIFY OR ARE NOT INTERESTED
PAGE

You have indicated that either you do not wish to proceed, or do not qualify for our project. Thank you for your interest in our project. If you would like to know more about MotherWoman, please check the information on MotherWoman's web page at this link:

LIVE LINK TO MOTHERWOMAN.ORG

Appendix F: Survey:
Prematter Phase I ONLY

Questions about you

17. Your Current Age _____

18. Your age when you started going to MotherWoman groups ____

19. Do you still attend MotherWoman group YES/ NO (if no- then the next question shows up, the next Q4 shows up)

a. Your age when you stopped attending groups_____

20. How you were initially referred to MotherWoman PostPartum Support Groups? *Please check all that apply*

- ☐ Flyer
- ☐ Friend
- ☐ OB/GYN
- ☐ Online
- ☐ Our web page
- ☐ Pediatrician
- ☐ Primary Care Doctor
- ☐ Therapist
- ☐ Twitter feed or other social media _____
- ☐ Web page that was not ours
- ☐ OTHER: _____

21. Approximately how many MotherWoman PostPartum Support Group sessions have you attended? _____

22. *Do you still attend groups: YES/NO*

a. *If no: For approximately how many months did you attend groups*_____

23. How many children do you have? ____

24. What are the ages of your children? ____, ____, ____, ____, ____, ____, ____, ____ **(TO HSR reviewers, spacing increases risk)**

25. Do you have a current mental health diagnosis of PostPartum Depression? YES/NO

26. If you have another diagnosis, would you be willing to share it here? _____

27. *Number of people in your household*_____

28. Approximate household income _____

29. Are you employed (check the best option)

- ☐ Less than 8 hours per week
- ☐ Between 9 and 20 hours per week)
- ☐ Between 20 and 40 hours per week
- ☐ Over 40 hours per week

30. What, if any, other ways are you using to help with the symptoms you're experiencing (please indicate all that apply)?

- ☐ a 12 step program
- ☐ individual therapy
- ☐ medication
- ☐ not using any other ways
- ☐ other (Please specify)_____

31. What do you find helpful about MotherWoman PostPartum Support Groups? Please DO NOT PUT YOUR NAME OR OTHER GROUP MEMBER'S NAMES HERE!!!)_____

32. How would you improve MotherWoman PostPartum Support Groups? Please DO NOT PUT YOUR NAME OR OTHER GROUP MEMBER'S NAMES HERE!!!)_____

33. Do you have a diagnosis of Attention Deficit/Hyperactivity Disorder from a physician, psychologist or other mental health professional?

YES NO No, but I suspect I may have ADHD

Executive Functioning (HSR reviewers- these will not be labeled in the survey)

Please answer questions 1-5 as you remember your experience **BEFORE YOU WERE PREGNANT OR HAD CHILDREN**

	Never	Rarely	Somet imes	Often	Very Often
1. How often did you have trouble wrapping up the final details of a project, once the challenging parts had been done?	1	2	3	4	5
2. How often did you have difficulty getting things in order when you had to do a task that required organization?	1	2	3	4	5
3. When you had a task that required a lot of thought, how often did you avoid or delay getting started?	1	2	3	4	5

4. How often did you fidget or squirm with your hands or feet when you had to sit down for a long time?	1	2	3	4	5
5. How often did you feel overly active and compelled to do things, like you were driven by a motor?	1	2	3	4	5

Please answer questions 6-10 as you think about your experience **SINCE YOUR BABY WAS BORN.**

	Never	Rarely	Sometimes	Often	Very Often
6. How often did you have trouble wrapping up the final details of a project, once the challenging parts had been done?	1	2	3	4	5
7. How often did you have difficulty getting things in order when you had to do a task that required organization?	1	2	3	4	5
8. When you had a task that required a lot of thought, how often did you avoid or delay getting started?	1	2	3	4	5
9. How often did you fidget or squirm with your hands or feet when you had to sit down for a long time?	1	2	3	4	5
10. How often did you feel overly active and compelled to do things, like you were driven by a motor?	1	2	3	4	5

Prematter Phase II ONLY

1. Have you filled out one of your monthly surveys previously? YES/NO

If NO TO Q1 then:

2. Your current age
3. Your Race and Ethnicity
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Hispanic or Latino
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White
 - ☐ Bi- or Multi-Racial

4. Your Education (please select all that you have completed)
- ☐ High School Diploma
 - ☐ Associates degree
 - ☐ Bachelor's Degree
 - ☐ Master's Degree
 - ☐ PhD/MD
5. How you were initially referred to MotherWoman PostPartum Support Groups? *Please check all that apply*
- ☐ Flyer
 - ☐ Friend
 - ☐ OB/GYN
 - ☐ Online
 - ☐ Our web page
 - ☐ Pediatrician
 - ☐ Primary Care Doctor
 - ☐ Therapist
 - ☐ Twitter feed or other social media _____
 - ☐ Web page that was not ours
 - ☐ OTHER: _____
6. How many children do you have? ____
7. What are the ages of your children? ____, ____, ____, ____, ____, ____, ____, ____ (TO HSR reviewers, spacing increases risk)
8. Do you have a current mental health diagnosis of PostPartum Depression? YES/NO
9. If you have another diagnosis, would you be willing to share it here? _____
10. Number of people in your household _____
11. Approximate household income _____
12. Are you employed (check the best option)
- ☐ Less than 8 hours per week
 - ☐ Between 9 and 20 hours per week)
 - ☐ Between 20 and 40 hours per week
 - ☐ Over 40 hours per week
13. What, if any, other ways are you using to help with the symptoms you're experiencing

(please indicate all that apply)?

- ☐ a 12 step program
- ☐ individual therapy
- ☐ medication
- ☐ not using any other ways
- ☐ other (Please specify)_____

34. What do you find helpful about MotherWoman PostPartum Support Groups? (Please DO NOT PUT YOUR NAME OR OTHER GROUP MEMBER'S NAMES HERE!!!)_____

35. How would you improve MotherWoman PostPartum Support Groups? (Please DO NOT PUT YOUR NAME OR OTHER GROUP MEMBER'S NAMES HERE!!!)_____

If YES TO Q1- they start here

14. So that we can match surveys over time. WE DO NOT NEED YOUR NAME WE AN USE THIS INFORMATION TO CONNECT YOUR RESPONSES

- ☐ Last five digits of your social security number? _ _ _ _ _
- ☐ In what state was your first job? _ _
- ☐ Year of your oldest child's birth? _ _ _ _
- ☐ Day of the month of your Birth? _ _

15. At this point in time: Approximately how many MotherWoman PostPartum Support Group sessions have you attended? _____

16. What feedback do you have to offer use about our groups? (Please DO NOT PUT YOUR NAME OR OTHER GROUP MEMBER'S NAMES HERE!!!)_____

BOTH PHASES
MSPSS

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement by circling the appropriate number.

	Very Strongly Disagree	Strongly Disagree	Mildly disagree	Neutral	Mildly agree	Strongly Agree	Very Strongly agree
1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7

9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

PHQ-9

Over the last 2 *weeks*, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	1	2	3	4
2. Feeling down, depressed, or hopeless.	1	2	3	4
3. Trouble falling or staying asleep, or sleeping too much	1	2	3	4
4. Feeling tired or having little energy.	1	2	3	4
5. Poor appetite or overeating.	1	2	3	4
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	1	2	3	4
7. Trouble concentrating on things, such as reading the newspaper or watching television.	1	2	3	4

8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	1	2	3	4
9. Thoughts that you would be better off dead, or of hurting yourself	1	2	3	4

	Not difficult at all	Somewhat difficult	Very Difficult	Extremely difficult
10. If you have checked off <i>any problems</i> , how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?	1	2	3	4

Mother-to-Infant Bonding Scale

I would like to know how you have been feeling about your baby lately. Listed below are some of the feelings mothers have about their babies. Please select the answer which comes closest to how you usually feel about your baby, not just how you feel today. Please complete ALL items.

	Not at all	Slightly, some of the time	Very much so, some of the time	Very much so, most of the time
1. I feel loving towards my baby	1	2	3	4
2. I feel scared or panicky when I have to do something for my baby.	1	2	3	4
3. I feel resentful towards my baby.	1	2	3	4
4. I feel nothing for my baby.	1	2	3	4
5. I feel angry with my baby.	1	2	3	4
6. I enjoy doing things for my baby.	1	2	3	4
7. I wish my baby was different.	1	2	3	4
8. I feel protective towards my baby.	1	2	3	4

9. I wish I did not have my baby.	1	2	3	4
10. I feel close to my baby.	1	2	3	4

Kansas Parental Satisfaction Scale (KPS)

For each of the following questions please indicate your satisfaction.

	Extremely Dissatisfied	Very Dissatisfied	Somewhat Dissatisfied	Mixed	Somewhat Satisfied	Very Satisfied	Extremely Satisfied
1. How satisfied are you with the behavior of your children?	1	2	3	4	5	6	7
2. How satisfied are you with yourself as a parent?	1	2	3	4	5	6	7
3. How satisfied are you with your relationship with your children?	1	2	3	4	5	6	7

Clinical Anxiety Scale (CAS)

This questionnaire is designed to measure how much anxiety you are currently feeling. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can.

	Rarely or none of the time	A little of the time	Some of the time	A good part of the time	Most or all of the time
1. I feel calm.	1	2	3	4	5
2. I feel tense.	1	2	3	4	5

3. I feel suddenly scared for no reason.	1	2	3	4	5
4. I feel nervous.	1	2	3	4	5
5. I use tranquilizers or antidepressants to cope with my anxiety.	1	2	3	4	5
6. I feel confident about the future.	1	2	3	4	5
7. I am free from senseless or unpleasant thoughts.	1	2	3	4	5
8. I feel afraid to go out of my house alone.	1	2	3	4	5
9. I feel relaxed and in control of myself.	1	2	3	4	5
10. I have spells of terror or panic.	1	2	3	4	5
11. I feel afraid in open spaces or in the streets.	1	2	3	4	5
12. I feel afraid I will faint in public.	1	2	3	4	5
13. I am comfortable traveling on buses, subways, or trains.	1	2	3	4	5
14. I feel nervousness or shakiness inside.	1	2	3	4	5
15. I feel comfortable in crowds, such as shopping or at a movie.	1	2	3	4	5
16. I feel comfortable when I am left alone.	1	2	3	4	5

17. I feel afraid without good reason.	1	2	3	4	5
18. Due to my fears, I unreasonably avoid certain animals, objects, or situations.	1	2	3	4	5
19. I get upset easily or feel panicky unexpectedly.	1	2	3	4	5
20. My hands, arms, or legs shake or tremble.	1	2	3	4	5
21. Due to my fears, I avoid social situations whenever possible.	1	2	3	4	5
22. I experience sudden attacks of panic which catch me by surprise.	1	2	3	4	5
23. I feel generally anxious.	1	2	3	4	5
24. I am bothered by dizzy spells,	1	2	3	4	5
25. Due to my fears, I avoid being alone whenever possible.	1	2	3	4	5

Index of Self-Esteem (ISE)

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and as accurately as you can.

	None of the time	Very rarely	A little of the time	Some of the time	A good part of the time	Most of the time	All of the time
1. I feel that people would not like me if they really knew me well.	1	2	3	4	5	6	7
2. I feel that others get along much better than I do.	1	2	3	4	5	6	7

3. I feel that I am a beautiful person.	1	2	3	4	5	6	7
4. When I am with others I feel they are glad I am with them.	1	2	3	4	5	6	7
5. I feel that people really like to talk to me.	1	2	3	4	5	6	7
6. I feel that I am a very competent person.	1	2	3	4	5	6	7
7. I think I make a good impression on others.	1	2	3	4	5	6	7
8. I feel that I need more self-confidence.	1	2	3	4	5	6	7
9. When I am with strangers I am very nervous.	1	2	3	4	5	6	7
10. I think I am a dull person.	1	2	3	4	5	6	7
11. I feel ugly.	1	2	3	4	5	6	7
12. I feel that others have more fun than I do.	1	2	3	4	5	6	7
13. I feel that I bore people.	1	2	3	4	5	6	7
14. I think my friends find me interesting.	1	2	3	4	5	6	7
15. I think I have a good sense of humor.	1	2	3	4	5	6	7
16. I feel very self-conscious when I am with strangers.	1	2	3	4	5	6	7

17. I feel that if I could be more like other people I would have it made.	1	2	3	4	5	6	7
18. I feel that people have a good time when they are with me.	1	2	3	4	5	6	7
19. I feel like a wallflower when I go out.	1	2	3	4	5	6	7
20. I feel I get pushed around more than others.	1	2	3	4	5	6	7
21. I think I am a rather nice person.	1	2	3	4	5	6	7
22. I feel that people really like me very much.	1	2	3	4	5	6	7
23. I feel that I am a likeable person.	1	2	3	4	5	6	7
24. I am afraid I will appear foolish to others.	1	2	3	4	5	6	7
25. My friends think very highly of me.	1	2	3	4	5	6	7

SWLS

Below are five statements with which you may agree or disagree. Using the scale below, indicate your agreement with each item. Please be open and honest in your responding.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
1. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2. The conditions of my life are excellent.	1	2	3	4	5	6	7

3. I am satisfied with my life.	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

SES

This questionnaire is a series of statements about your personal attitudes and traits. Each statement represents a commonly held belief. Read each statement and decide to what extent it describes you. There are no right or wrong answers. You will probably agree with some of the statements and disagree with others. Please indicate your own personal feelings about each statement below by marking the number that best describes your attitude or feeling. Please be very truthful and describe yourself as you really are, not as you would like to be.

	Disagree strongly	Disagree moderately	Neither agree nor disagree	Agree moderately	Agree strongly
1. I like to grow houseplants.	1	2	3	4	5
2. When I make plans, I am certain I can make them work.	1	2	3	4	5
3. One of my problems is that I cannot get down to work when I should.	1	2	3	4	5
4. If I can't do a job the first time, I keep trying until I can.	1	2	3	4	5
5. Heredity plays the major role in determining one's personality.	1	2	3	4	5

6. It is difficult for me to make new friends.	1	2	3	4	5
7. When I set important goals for myself, I rarely achieve them.	1	2	3	4	5
8. I give up on things before completing them.	1	2	3	4	5
9. I like to cook.	1	2	3	4	5
10. If I see someone I would like to meet, I go to that person instead of waiting for him or her to come to me.	1	2	3	4	5
11. I avoid facing difficulties.	1	2	3	4	5
12. If something looks too complicated, I will not even bother to try it.	1	2	3	4	5
13. There is some good in everybody.	1	2	3	4	5
14. If I meet someone interesting who is very hard to make friends with, I'll soon stop trying to make friends with that person.	1	2	3	4	5
15. When I have something unpleasant to do, I stick to it until I finish it.	1	2	3	4	5

16. When I decide to do something, I go right to work on it.	1	2	3	4	5
17. I like science.	1	2	3	4	5
18. When trying to learn something new, I soon give up if I am not initially successful.	1	2	3	4	5
19. When trying to become friends with someone who seems uninterested at first, I don't give up very easily.	1	2	3	4	5
20. When unexpected problems occur, I don't handle them well.	1	2	3	4	5
21. If I were an artist, I would like to draw children.	1	2	3	4	5
22. I avoid trying to learn new things when they look too difficult for me.	1	2	3	4	5
23. Failure just makes me try harder.	1	2	3	4	5
24. I do not handle myself well in social gatherings.	1	2	3	4	5
25. I very much like to ride horses.	1	2	3	4	5
26. I feel insecure about my ability to do things.	1	2	3	4	5

27. I am a self-reliant person.	1	2	3	4	5
28. I have acquired my friends through my personal abilities at making friends.	1	2	3	4	5
29. I give up easily.	1	2	3	4	5
30. I do not seem capable of dealing with most problems that come up in my life.	1	2	3	4	5

**Thank you for your participation!! Remember if you feel upset or need support you can use the resources on the consent form or find them at the MotherWoman.Org (Live Link).
To receive your thank you gift, please click this link to go the Gift Survey!**

LIVE LINK TO GIFT SURVEY

Appendix G Referrals

RESOURCE & REFERRAL GUIDE

Help for the emotional experience of pregnancy and the postpartum period

Many women have lots of feelings during pregnancy and the year after a baby is born. Being a mother is a hard job. Having support and help can make things go better. All mothers and new families deserve lots of help. You do too! Call Crisis Services (see below) or visit the emergency room if you are in an urgent situation. It's a good time to call Crisis Services if you are afraid to be alone or are concerned about your safety or the safety of your child/ren.

SUPPORT GROUPS

Motherhood can be surprising in many ways. Come meet other mothers and talk about being a mom.

Beyond Birth

Thursdays from 1–3pm in the Childbirth Center, Cooley Dickinson Hospital, Northampton. A weekly gathering for new parents and their babies. Open to all. Contact at (888) 554-4234.

Circle of Moms: We Are All In This Together

Fridays, 10am–12pm. Join mothers for a free, safe, confidential drop-in group for mothers of infants and babies who are experiencing a challenging postpartum time. Community Action Family Center, 90 Federal Street, Greenfield. Contact CSO at (413) 774-1000. *MotherWoman trained facilitator.*

Empty Arms Support Group
4th Wednesday of every month at 7pm, Conference Room D at Cooley Dickinson Hospital. For parents grieving infant and pregnancy loss. Contact Carol McMurrich and Greg Reynolds at (413) 529-1610 or carolmcmurrich@comcast.net.

MotherWoman Group: Getting Real About Motherhood

Wednesdays, 9:45–11:15am. Amherst Family Center. Free childcare. Community, diversity, self-discovery. Share laughter and tears. Be inspired. It's all here. Expectant mothers welcome. Contact Amherst Family Center at (413) 256-1145. *MotherWoman trained facilitator.*

MotherWoman Postpartum Support Group

Wednesday, 1–2:30pm at Midwifery Care of Holyoke, 230 Maple Street, Holyoke. Expectant mothers welcome. Contact (413) 536-7385. *MotherWoman trained facilitator.*

MotherWoman Postpartum Group: This Is Harder Than I Thought

Tuesdays, 10am–12pm. MotherWoman Office, 220 Russell St, Hadley. Free childcare. For women experiencing a challenging postpartum time. Expectant mothers welcome. Contact Annette Cycon at (413) 387-0703. *MotherWoman trained facilitator.*

Pregnancy and Postpartum Group for Partners: "The Other Parent"

4th Monday 7–9pm. Cooley Dickinson Center for Midwifery Care, Northampton. Workshop for non-birthing partner to explore issues related to pregnancy, birth, the postpartum period, and parenting. Group is free of charge, facilitated by experienced parents/partners. Contact Kate Bohne at: Katherine_Bohne@cooley-dickinson.org or (413) 687-5817

Parents Helping Parents Support Group

Wednesdays from 6:30–8:30pm. Amherst. A place to vent your parenting stress in a caring community support group co-led by parents and a volunteer facilitator. Contact Susan Barbaro (413) 256-6940 stbarbaro@aol.com.

Share Bereavement Group

For those who have had a miscarriage, stillbirth or baby loss. Held on the 2nd Wednesday of the month at 7:30pm, Baystate Medical Center Ambulatory Building. Contact Joanne at (413) 562-1731

ONLINE SUPPORT

There are many resources online for mothers. This is a wonderful way to get support when you can't leave the house, in the middle of the night, or for those of us who would rather have online contact.

Postpartum Support International

www.psi.org
Information for mothers, family and professionals. There is a PSI weekly Phone Chat with an expert.

Postpartum Progress postpartumprogress.typepad.com

The most widely-read blog in the United States on postpartum depression, postpartum OCD, antepartum depression, postpartum PTSD and postpartum psychosis.

The Online PPD Support Group

www.ppdsupportpage.com
PPD Support Group plus forums on different topics, information and resources.

AT HOME SUPPORT

In the days and months after a baby is born, all mothers need help and support. It's okay to ask for help from family, friends and your community. It's okay to ask for more help.

Green River Doula Network www.greenriverdoulas.org

A postpartum doula provides services and support in the home to help facilitate a warm and nurturing experience for the entire family.



PHONE SUPPORT

Call someone when you need support at home. The people at these numbers can listen to you on the phone, as well as refer you to other resources.

PPDMoms Hotline (800) PPDMOMS or (800) 773-6667

Available support 24 hours a day, 7 days a week. For moms and their loved ones. Support, information and referrals.

Parental Stress Line (800) 632-8188

A statewide warmline that is available 24 hours a day, 7 days a week; staffed by trained volunteer counselors who are sympathetic and non-judgmental.

Postpartum Support International of Massachusetts Warmline (866) 472-1897

Confidential information, support and listings of local resources. Leave a message and a volunteer will get back to you within 24 hours.

CRISIS SERVICES

Call if you are in crisis and need immediate support and assistance. It's a good time to call Crisis Services if you have not slept in over 48 hours, are afraid to be alone or are concerned about your safety or the safety of your child/ren.

All of the following Crisis Services offer 24 hour psychiatric assessment. They all accept Commonwealth Care, Mass Health and uninsured.

BHN Psychiatric Crisis Services

Home based visits available. Hamden County and surrounding communities: (413) 733-6661

Franklin County Crisis Services

Franklin County: (413) 774-5411, (800) 562-0112

Crisis Services of Hampshire County

Hampshire County: (413) 586-5555

Westfield Crisis

West Springfield, Agawam, Westfield, Hilltowns: (413) 568-6386

SOCIAL OPPORTUNITIES

Take care of yourself by connecting with other people. Get out of the house several times a week. Go to a group and meet new people.

Parenting Resource Directory www.parentingdirectory.org

An extensive community resource guide for families; online and at libraries and other locations. Information on Family Centers, Housing, Medical and Food assistance, and social activities.

RESOURCES FOR YOUNG MOTHERS

Being a young mother can be challenging and stressful. There are resources available for you.

Healthy Families

A home visiting program for first time parents under the age of 21.

- Holyoke Healthy Families contact Angie Morrell (413) 532-9446 at MSPCC
- Springfield Healthy Families contact Mary Benedetti, (413) 734-4978 at MSPCC
- Hampshire Healthy Families Berkshire Children and Families Healthy Families Program; contact Gail Fries, (413) 584-5690
- Franklin Healthy Families contact Sandy Clark at Community Action (413) 774-2318

SELECTED LITERATURE

For Mothers and others who care

**Down Came the Rain:
My Journey Through
Postpartum Depression**
by Brooke Shields

Pregnant on Prozac
by Shoshana Bennett, Ph.D

**The Mother-to-Mother
Postpartum Depression
Support Book**
by Sandra Poulin

**This Isn't What I Expected:
Overcoming Postpartum
Depression**
by Karen Kleiman & Valerie Raskin

COUNSELING AND THERAPY

*How do I know if I need therapy?
Being a mother is a tough job. It's OK
to ask for help. Ask questions and
share your concerns.*

*The following care providers
specialize in postpartum care. This is
not an exhaustive list of providers nor
an endorsement of any particular
provider. When seeking support we
recommend that you consult your
primary care physician, obstetrician/
midwife and/or pediatrician.*

Andrea Reber, LICSW
Northampton: (413) 584-3556

Counseling and Gynecology Group

East Longmeadow: (413) 567-9355
Jennifer Fleming, Tiana Marpa, Dr.
Max Chorowski;

Ellen Bollier, RN, CS, APRN
Northampton: (413) 584-8993

Kathleen O'Kane, LICSW
Hadley: (413) 584 3929

Mary Hunter Kratt, LMHC, NCC
Greenfield: (413) 774-7720

Michelle Kaskey, APRN, BC
Northampton: (413) 586-3319

Nicole Stevens, LICSW
Northampton: (413) 320-1108

Paula Shulman, LMFT, MS.Ed, MA
(413) 230-9642
West Springfield: (413) 737-4719,
ext. 117

Paul Shore-Suslowitz, EDD
Longmeadow: (413) 567-9993 ext.
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Rachel Zamore, MA
Brattleboro, VT: (802) 258-7014
www.brattleborotherapy.com

**ServiceNet Outpatient
Mental Health Clinic**
Northampton: (413) 584-6855

Windhorse Associates
Northampton: (413) 586-0207

MEDICATION PRESCRIBERS

*How do I know if I need medication
or if it's the right thing for me? Talk
to your OB and/or primary care
provider. Share your experience and
history. Ask questions and share your
concerns.*

Caroline Broudy
Northampton: (413) 586-0411

Clinical and Support Options
Northampton: (413) 582-0471
Greenfield: (413) 774-1000
Hampden County: (413) 737 9544

**Counseling and Gynecology
Group**
Dr. Max Chorowski
East Longmeadow: (413) 567-9355

Behavioral Health Network
Springfield: (413) 732-7419

Brien Center
Pittsfield: (413) 499-0412

Michelle Kaskey, APRN, BC
Northampton: (413) 586-3319

Ellen Bollier, RN, CS, APRN
Northampton: (413) 584-8993

Elizabeth Bertuch, MS, APRN, BC, PC
Holyoke, Longmeadow:
(413) 532-6777

**ServiceNet Outpatient
Mental Health Clinic**
Northampton: (413) 584-6855

COMPLIMENTARY THERAPY

*There are many types of therapies
that can be supportive and helpful
during this period. The following
people specialize in women's care.*

**Free Weekly Auricular
Acupuncture Clinic**
Mondays 4:30 – 6pm; Quaker Space,
43 Center St., Northampton.
www.freedom-center.org

Mindi Palmer Fried,
Chiropractic care
Easthampton: (413) 527-0207

Amy Mager
Acupuncture
Florence, East Longmeadow:
(413) 222-8616
www.magerhealing.com

Sharon Weizenbaum
Acupuncture
Amherst: (413) 549-4021

Jennifer Tongren
Acupuncture
Amherst: (413) 230-4400

Sam's Gentle Hands
Perinatal Massage
Greenfield: (413) 774-7365

Kristin Bernard
Craniosacral therapist
(978) 544-5748

**Barbara Weinberg, Lic. Ac., ADS,
RN, BSN**
Northampton, Leverett:
(413) 549-6405

SELECTED LITERATURE FOR PARTNERS

*How do I help my loved one get
through this difficult time? How do
I get through it too? Learn more,
ask questions and contact any of
the resources above. While these
books are geared towards fathers,
they would be appropriate for all
parenting partners and family
members.*

**She's Had a Baby and Now
I'm Having a Meltdown:
What Every New Father Needs
to Know About Marriage, Sex &
Diapers**
by James Douglas Barron

**Postpartum Husband:
Practical Solutions for Living
with Postpartum Depression**
by Karen Kleinman, MSW

WHAT TO ASK WHEN YOU CALL:

- Do you accept my insurance? (private, MassHealth, Commonwealth Care)
- What special experience or training do you have in postpartum emotional issues?
- Do you speak my language? (e.g. Spanish)
- Are you available in emergencies?
- What are your hours? Your address? Parking? Bus stop?
- How soon can I get an appointment?
- Are you able to prescribe medication if needed?

Appendix H: Consent Forms: Informed Consent Form Phase I

Dear Participant,

I am Dr. David Burton from the Smith College School for Social Work in Northampton, MA. I am conducting a project in which my students and I will explore psychological issues among women who are currently involved, or have ever attended MotherWomen support groups including sadness, anxiety, social support, parenting satisfaction, self esteem, feelings of well being, executive functioning and attachment to children. This information will be used to write reports to help MotherWoman understand the women they serve and for theses, presentations and possible publication.

To participate in this study you must be on MotherWoman's email list of prior support group participants, you must have attended at least one MotherWomen support group, you must have access to a computer where you can answer the survey(s) in relative privacy, and you must be able to read English. If you are currently pregnant you cannot participate.

This study will be conducted using a secure encrypted internet survey. You will first be asked a few questions about you and your family followed by a brief questionnaire about the issues listed above. The entire process should take 20 minutes.

Because the survey will include reflections on your own experiences as a mother and about your emotions there is a risk that negative emotions may arise. If they do, please seek support. I have provided a list of providers below. There is a slight risk that you or another person may put names down in the open ended questions. Please do not do so. If names are there I will delete them prior to analysis

Possible benefits from participating in the study include having an opportunity to reconnect with and assist MotherWoman and to offer them some feedback, reflect upon your own experiences in a manner in which you might not have previously, and knowing that your responses could be contributing to the development of knowledge about mother. In addition, you will be able to get a small gift (some of these are limited in number so you will be asked for your preference):

- ½ hour massage certificates
- "Moms are Worth a Million" T- shirts OR onesies
- A book about motherhood entitled "One Mom's Journey To Motherhood" about infertility, complications and post partum depression signed by the author Ivey Shih Leung OR a book entitled "Keeping Your Child in Mind" about overcoming behavior problems signed by author Claudia Gold M.D.
- 1 \$25 gift certificate to Spoleto
- A certificate for 1 pound of Dean's Beans cocoa, coffee, or chocolate covered espresso beans

This survey is anonymous. If you decide to ask for a gift, your survey data will not be able to be connected to your request in any way, but the gift information will reveal that you participated in the survey. Your gift request information will be destroyed at the end of this phase of the project on April 30, 2013. However we do ask for feedback on the groups, Please DO NOT PUT YOUR NAME OR OTHER GROUP MEMBER'S NAMES in your responses.

All data from the questionnaire will be kept in a secure location for a period of three years, as required by Federal guidelines, and data stored electronically will be fully protected. If the material is needed beyond a three year period, it will continue to be kept in a secure location and will be destroyed when it is no longer needed.

Your participation in this survey is totally voluntary. You have the right to refuse to answer any question on the survey. You may also withdraw from the study at any time by navigating away from the webpage on your browser. If you do this, answers you provided on previous questions will not be used in our research. However, once you complete and submit your answers to the full questionnaire, it will not be possible to withdraw, because you will not be able to be identified.

If you have any additional questions about the study, please feel free to contact me directly at dlburton@smith.edu. Should you have any concerns about your rights I encourage you to contact the Co-Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

BY CONTINUING TO THE NEXT PAGE AND STARTING THE SURVEY YOU ARE INDICATING THAT YOU HAVE READ THE INFORMATION ABOVE AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS; AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Please print a copy of this page for your records.

Informed Consent Form Phase II

Dear Participant,

I am Dr. David Burton from the Smith College School for Social Work in Northampton, MA. I am conducting a project in which my students and I will explore psychological issues among women who are currently involved, or have ever attended MotherWomen support groups including sadness, anxiety, social support, parenting satisfaction, self esteem, feelings of well being, executive functioning and attachment to children. This information will be used to write reports to help MotherWoman understand the women they serve and for theses, presentations and possible publication.

These same questions were asked in the first Phase of this project and will be asked of you every month you are willing to participate in the groups, but you can say at any time.

To participate in this study you must be on MotherWoman's email list of prior support group participants, you must have attended at least one MotherWomen support group, you must have access to a computer where you can answer the survey(s) in relative privacy, and you must be able to read English. If you are currently pregnant you cannot participate.

This study will be conducted using a secure encrypted internet survey. You will first be asked a few questions about who you and your family followed by a brief questionnaire about the issues listed above. The entire process should take 20 minutes.

Because the survey will include reflections on your own experiences as a mother and about your emotions there is a risk that negative emotions may arise. If they do, please seek support. I have provided a list of providers below. There is a slight risk that you or another person may put names down in the open ended questions. Please do not do so. If names are there I will delete them prior to analysis

Possible benefits from participating in the study include having an opportunity to reconnect with and assist MotherWoman and to offer them some feedback, reflect upon your own experiences in a manner in which you might not have not have previously, and knowing that your responses could be contributing to the development of knowledge about mother, In addition, you will be able to get a small gift (some of these are limited in number so you will be asked for your preference):

- ½ hour massage certificates
- "Moms are Worth a Million" T- shirts OR onesies
- A book about motherhood entitled "One Mom's Journey To Motherhood" about infertility, complications and post partum depression signed by the author Ivey Shih Leung OR a book entitled "Keeping Your Child in Mind" about overcoming behavior problems signed by author Claudia Gold M.D.

- 1 \$25 gift certificate to Spoleto
- A certificate for 1 pound of Dean's Beans cocoa, coffee, or chocolate covered espresso beans

This survey is anonymous. If you decide to ask for a gift, your survey data will not be able to be connected to your request in any way, but the gift information will reveal that you participated in the survey. Your gift request information will be destroyed at the end of this phase of the project on April 30, 2013. However we do ask for feedback on the groups, Please **DO NOT PUT YOUR NAME OR OTHER GROUP MEMBER'S NAMES** in your responses.

All data from the questionnaire will be kept in a secure location for a period of three years, as required by Federal guidelines, and data stored electronically will be fully protected. If the material is needed beyond a three year period, it will continue to be kept in a secure location and will be destroyed when it is no longer needed.

Your participation in this survey is totally voluntary. You have the right to refuse to answer any question on the survey. You may also withdraw from the study at any time by navigating away from the webpage on your browser. If you do this, answers you provided on previous questions will not be used in our research. However, once you complete and submit your answers to the full questionnaire, it will not be possible to withdraw, because you will not be able to be identified.

If you have any additional questions about the study, please feel free to contact me directly at dlburton@smith.edu. Should you have any concerns about your rights I encourage you to contact the Co-Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

BY CONTINUING TO THE NEXT PAGE AND STARTING THE SURVEY YOU ARE INDICATING THAT YOU HAVE READ THE INFORMATION ABOVE AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS; AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Please print a copy of this page for your records.

Appendix Q

Agency Support Letter



January 31, 2013

Smith College
School for Social Work
Lilly Hall
Northampton, MA 01063

To Whom It May Concern:

MotherWoman gives permission for Dr. Burton to locate his/her research in this agency (institution). We do not have a Human Subjects Review Board and, therefore, request that Smith College School for Social Work's (SSW) Human Subject Review Committee (HSR) perform a review of the research proposed by a Dr. Burton. MotherWoman will abide by the standards related to the protection of all participants in the research approved by SSW HSR Committee.

Sincerely,

A handwritten signature in black ink, reading "Beth Spong", is centered below the "Sincerely," text.

Beth Spong
Executive Director

Appendix R

Figure 4: Satisfaction With Life Scale (SWLS) Results

n (%)

Statement	Agree	Disagree
1. In most ways, my life is close to ideal.	35 (69)	14 (27)
2. The conditions of my life are excellent.	37 (73)	10 (20)
3. I am satisfied with my life.	36 (71)	10 (20)
4. So far, I have gotten the important things I want in life.	40 (78)	8 (16)
5. If I could live my life over, I would change almost nothing.	26 (51)	21 (41)

Appendix S

Table 8: Self-Efficacy Scale (SES) Results

n (%)

Question	Agree	Disagree
1. I like to grow houseplants.	24 (50)	18 (38)
2. When I make plans, I am certain I can make them work.	25 (52)	6 (13)
3. One of my problems is that I cannot get down to work when I should.	23 (13)	18 (37)
4. If I can't do a job the first time, I keep trying until I can.	25 (52)	7 (15)
5. Heredity plays the major role in determining one's personality.	31 (65)	14 (29)
6. It is difficult for me to make new friends.	19 (40)	26 (54)
7. When I set important goals for myself, I rarely achieve them.	5 (10)	32 (67)
8. I give up on things before completing them.	11 (23)	28 (58)
9. I like to cook.	41 (85)	5 (10)
10. If I see someone I would like to meet, I go to that person instead of waiting for him or her to come to me.	20 (42)	19 (40)
11. I avoid facing difficulties.	16 (33)	27 (56)
12. If something looks too complicated, I will not even bother to try it.	7 (15)	31 (65)
13. There is some good in everybody.	42 (88)	1 (2)
14. If I meet someone interesting who is very hard to make friends with, I'll soon stop trying to make friends with that person.	7 (15)	27 (56)
15. When I have something	25 (52)	11 (23)

unpleasant to do, I stick to it until I finish it.		
16. When I decide to do something, I go right to work on it.	24 (50)	12 (25)
17. I like science.	27 (57)	10 (21)
18. When trying to learn something new, I soon give up if I am not initially successful.	11 (23)	33 (69)
19. When trying to become friends with someone who seems uninterested at first, I don't give up very easily.	6 (13)	32 (67)
20. When unexpected problems occur, I don't handle them well.	16 (33)	22 (46)
21. If I were an artist, I would like to draw children.	7 (15)	26 (54)
22. I avoid trying to learn new things when they look too difficult for me.	12 (25)	29 (60)
23. Failure just makes me try harder.	12 (25)	21 (44)
24. I do not handle myself well in social gatherings.	8(17)	30 (63)
25. I very much like to ride horses.	12 (25)	24 (50)
26. I feel insecure about my ability to do things.	23 (48)	16 (33)
27. I am a self-reliant person.	35 (75)	5 (11)
28. I have acquired my friends through my personal abilities at making friends.	28 (60)	11 (23)
29. I give up easily.	5 (10)	30 (63)
30. I do not seem capable of dealing with most problems that come up in my life.	5 (10)	36 (75)

Appendix T

Table 7: Index of Self Esteem (ISE) Results

n (%)

What mothers thought about themselves when group attendance began
What mothers thinks about themselves today

	None of the time	Very Rarely	A little of the time	Some of the time	A good part of the time	Most of the time	All of the time
1. I feel that people would not like me if they really.	10 (20) 12 (24)	9 (18) 8 (16)	10 (20) 14 (27)	10 (20) 11 (22)	6 (12) 3 (6)	5 (10) 3 (6)	1 (2) 0 (0)
2. I feel that others get along better than I do.	6 (12) 6 (12)	4 (8) 6 (12)	7 (14) 13 (25)	9 (18) 13 (25)	10 (20) 9 (18)	11 (22) 4 (8)	4 (8) 0 (0)
3. I feel that I am a beautiful person.	3 (6) 1 (2)	11(22) 3 (6)	12 (24) 4 (8)	18 (35) 18 (35)	2 (4) 13(25)	3 (6) 8 (16)	2 (4) 4 (8)
4. When I am with others I feel they are glad I am with them.	1 (2) 0 (0)	7 (14) 1 (2)	6 (12) 2 (4)	23 (45) 18 (35)	8 (16) 14 (27)	4 (8) 13 (25)	2 (4) 3 (6)
5. I feel that people really like to talk to me.	1 (2) 0 (0)	4 (8) 1 (2)	10 (20) 0 (0)	19 (37) 19 (37)	9 (18) 13 (25)	7 (14) 13 (25)	1 (2) 5 (10)
6. I feel that I am a very competent person.	1 (2) 0 (0)	7 (14) 0 (0)	7 (14) 2 (4)	19 (37) 12 (24)	9 (18) 18 (35)	7 (14) 16 (31)	1 (2) 3 (6)
7. I think I make a good impression on others.	1 (2) 1 (2)	6 (12) 0 (0)	10 (20) 1 (2)	13 (26) 13 (25)	12 (24) 20 (76)	8 (16) 13 (25)	1 (2) 3 (6)

8. I feel that I need more self-confidence.	2 (4) 1 (2)	3 (6) 6 (12)	3 (6) 3 (6)	12 (24) 11 (22)	8 (16) 10 (20)	12 (24) 10 (20)	11 (22) 10 (20)
9. When I am with strangers I am very nervous.	3 (6) 9 (18)	15(29) 15 (29)	13 (26) 11 (22)	10 (20) 8 (16)	5 (10) 3 (6)	4 (8) 4 (8)	1 (2) 1 (2)
10. I think I am a dull person.	9 (18) 15 (29)	13(26) 13 (25)	5 (10) 8 (16)	10 (20) 7 (14)	7 (14) 6 (12)	5 (10) 2 (4)	1 (2) 0 (0)
11. I feel ugly.	3 (6) 8 (16)	11(22) 14 (27)	12 (24) 10 (20)	11(22) 13 (25)	7 (14) 4 (8)	3 (6) 1(2)	3 (6) 1 (2)
12. I feel that others have more fun that I do.	3 (6) 4 (8)	2 (4) 4 (8)	4 (8) 10 (20)	13 (26) 11 (22)	7 (14) 12 (23)	15 (29) 9 (18)	7 (14) 1 (2)
13. I feel that I bore people.	8 (16) 12 (24)	10(20) 10 (20)	6 (12) 4 (8)	10 (20) 15 (29)	8 (16) 8 (16)	8 (16) 2 (4)	0 (0) 0 (0)
14. I think my friends find my interesting.	2 (4) 1 (2)	4 (8) 0 (0)	9 (18) 2 (4)	16 (31) 14 (27)	9 (18) 18 (35)	10 (20) 11 (22)	1 (2) 5 (10)
15. I think I have a good sense of humor.	2 (4) 1 (2)	3 (6) 1 (2)	12 (24) 3 (6)	11 (22) 12 (23)	8 (16) 14	11 (22) 12 (24)	3 (6) 8 (16)
16. I feel very self-conscious when I am with strangers.	5 (10) 11 (22)	6 (12) 11 (22)	11 (22) 9 (18)	6 (12) 9 (18)	11 (22) 5 (10)	10 (20) 5 (10)	2 (4) 1 (2)
17. I feel that if I could be more like other people I would	9 (18) 11 (22)	9 (18) 11 (22)	4 (8) 6 (12)	7 (14) 10 (20)	8 (16) 8 (16)	10 (20) 3 (6)	4 () 2 (4)

have it made.							
18. I feel that people have a good time when they are with me.	1 (2)	7 (14)	11 (22)	18 (35)	8 (16)	5 (10)	1 (2)
	1 (2)	0 (0)	8 (16)	17 (33)	10 (20)	13 (25)	2 (4)
19. I feel like a wallflower when I go out.	8 (16)	10(20)	8 (16)	8 (16)	8 (16)	7 (14)	2 (4)
	10 (20)	14 (27)	8 (16)	9 (18)	4 (8)	6 (12)	0(0)
20. I feel I get pushed around more than others.	13 (26)	15(29)	8 (16)	8 (16)	4 (8)	3 (6)	0 (0)
	15 (29)	13 (25)	8 (16)	9 (18)	5 (10)	1 (2)	0 (0)
21. I think I am a rather nice person.	0 (0)	1 (2)	3 (6)	6 (12)	16 (32)	15 (30)	9 (18)
	1 (2)	0 (0)	0 (0)	9 (18)	9 (18)	22 (43)	10 (20)
22. I feel that people really like me very much.	1 (2)	8 (16)	5 (10)	20 (39)	7 (14)	7 (14)	3 (6)
	1 (2)	0 (0)	3 (6)	16 (31)	12 (24)	14 (27)	5 (10)
23. I feel that I am a likeable person.	1 (2)	3 (6)	7 (14)	13 (26)	13 (26)	8 (16)	6 (12)
	1 (2)	2 (4)	0 (0)	9 (18)	13 (25)	20 (39)	6 (12)
24. I am afraid I will appear foolish to others.	5 (10)	8 (16)	4 (8)	9 (18)	13 (26)	9 (18)	2 (4)
	7 (14)	12 (24)	7 (14)	12 (24)	8 (16)	2 (4)	3 (6)
25. My friends think very highly of me.	0 (0)	1 (2)	12 (24)	12 (24)	13 (26)	7 (14)	6 (12)
	0 (0)	0 (0)	2 (4)	15 (29)	11 (22)	12 (24)	11 (22)

Appendix U

HSR Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

March 1, 2013

David L. Burton, MSW, Ph.D.
Smith College School for Social Work
Lilly Hall 302
Northampton, MA 01063

Dear David,

Thank you for your revisions for your MotherWoman proposal. It looks like a straightforward needs assessment/program evaluation as you have now revised it, so it isn't clear why you didn't just frame it that way in the first place. Was there some reason you didn't want to make this a program evaluation? With that question in mind, you have satisfied the Committee with your revisions. Please submit a clean copy with accepted track changes. You are approved for moving ahead with your project. I hope it provides MotherWoman with helpful information.

Please also put the acronym "HSR" in the subject line of ALL emails of HSR business to me (mpuertt@smith.edu) and Laura Wyman (lwyman@smith.edu) so that we can quickly sort and respond to them. Thank you for your attention to the details and If you have any questions, please email me directly (mpuertt@smith.edu).

Sincerely,

A handwritten signature in cursive script that reads 'Marsha / Pruett'.

Marsha Kline Pruett, M.S., Ph.D., M.S.L.
Vice Chair, Human Subjects Review Committee